



# Fiscal Year 2014 Budget

**People • Integrity • Excellence • Leadership**



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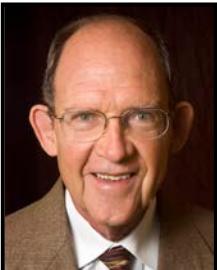
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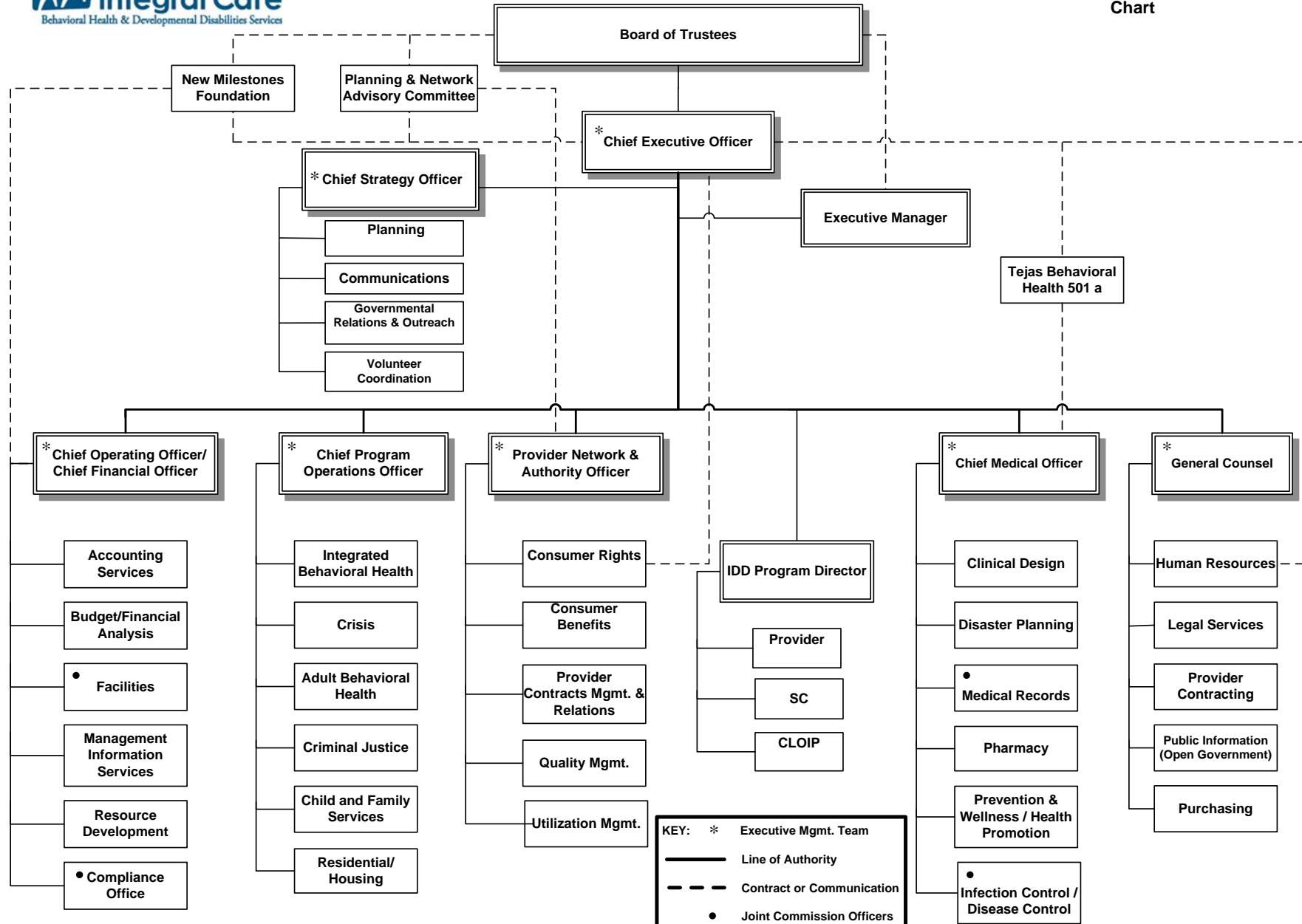
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## STRATEGIC PLAN FY 2011-2013

**Note: FY 2014-2016 Strategic Plan – is pending approval by Board of Trustees.**

### VISION

ATCIC envisions a caring and healthy community that supports individuals and families in achieving self-reliance and self-determination.

### MISSION

ATCIC's mission is to improve the lives of people affected by behavioral health and developmental and/or intellectual challenges.

### VALUES

❖ People      ❖ Integrity      ❖ Excellence      ❖ Leadership

### GOALS

#### **Goal 1: ACCESS**

People in the community have timely access to Behavioral Health and IDD services.

#### **Goal 2: HIGH-QUALITY SERVICES**

All consumers receive high-quality, effective services.

#### **Goal 3: LEADERSHIP**

ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.

#### **Goal 4: PUBLIC AWARENESS**

ATCIC promotes community understanding and supports Behavioral Health and IDD issues.



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2014 BUDGET PLAN Behavioral Health Services

### BUDGET ASSUMPTIONS

- Implementation of the DSRIP projects for the 1115 Transformation Waiver will provide opportunities to expand the provision of a range of behavioral health services, including crisis services, child & family services and behavioral health services to adults.
- Increase opportunities for consumers to be trained and employed as whole health Peer Providers throughout the practice.
- Continue collaboration with criminal justice system including juvenile justice, jail diversion initiatives and other behavioral health initiatives to address the needs of youth and individuals with criminal justice system involvement.
- Continue collaborations with regional organization to provide behavioral health services to Veteran's and their families.
- Continue training and collaboration efforts with The Via Hope Recovery Institute and DSHS to disseminate recovery oriented practice philosophy throughout the practice to consumers of services, their families and identified support systems.
- Continue to further enhance and streamline the Person-Centered Assessments and Plans of Care to promote increased consumer, family and identified support system participation and an active voice in their care plans and treatment.
- Continue to utilize all available resources to address needs of potential consumer and families placed on Wait List for services with a range of interventions including care coordination to link them with primary care services in the community.
- Continue collaboration with CommUnityCare (FQHC) to provide integrated behavioral health and primary healthcare services to consumers in Travis County.
- Invest in personnel, resources, and technology in preparation for health care reform and the patient centered medical home.
- Continue to provide consultation as the BH content experts for community planning related to healthcare and public safety in our role as the LMHA.



<b>Behavioral Health Services</b>	
<b>Goal 1: ACCESS</b>	
People in the community have timely access to Behavioral Health and IDD Services.	
Provide a continuum of crisis, outpatient, community support, housing and peer provided services to assist children, families and adults with resiliency and recovery.	
Adopt best practice assessment tools for adults and children.	
Provide directly and/or coordinate services for consumers and families needing assistance in establishing a primary care medical home.	
Ensure the implementation of innovative strategies and best practices to improve access to and delivery of effective and efficient, person-centered services.	
Expand consumer access to physician services by implementing telemedicine and adding prescribers. Launch a new integrated health care clinic to provide enhanced access in an underserved area of the city. Continue to provide walk-in intake services to adults and children to ensure open access.	
<b>Goal 2: HIGH-QUALITY SERVICES</b>	
All consumers receive high-quality, effective services.	
Continue "Learning Communities" to develop a recovery-oriented system of care that embraces and implements resiliency and recovery practices. These practices will include the integration of behavioral health and primary care services for all consumers and their families. Development of high-quality services includes culturally syntonic services to all consumers seeking and receiving specialty care at ATCIC.	
Continue to train on person-centered assessment and plan of care tools that incorporate wellness planning at all phases of care provision.	
Continue to implement evidence based best practices and quality service delivery models to address needs of consumers and families requesting specialty behavioral healthcare and integrated primary care services.	
Continue collaborations with internal and external stakeholder groups to improve key processes and electronic information exchange to promote effective decision making to meet the Center's consumer needs. Key processes will incorporate the integration of electronic health records and electronic health information sharing that ensures best practices for coordination and continuity of care.	
Continue to actively participate in community housing collaboratives and initiatives to increase the number of permanent supportive housing options for the population served by ATCIC.	
Continue to provide behavioral health services for children, youth and adults with co-occurring behavioral health/substance use diagnoses.	
Implement new Mobile Crisis Outreach Team at key community intercept points to provide community based specialty behavioral health crisis intervention services.	
Implement new specialized crisis residential treatment program for adults with co-occurring mental health and substance use disorders. Enhance client care through best practices in chronic disease prevention and management	



<b>Goal 3: LEADERSHIP</b> ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.
Continue to participate in CCC, ICC, ,BJA, CHA-CHIP, CAN, Psychiatric Stakeholders, CIC, Children's Partnership, NAMI, DBSA, Mental Health Texas and other state and national initiatives to enhance the delivery of resiliency and recovery-oriented care.
Fully participate in structuring "medical homes" / "person centered healthcare home" within specialty care for consumers receiving specialty behavioral healthcare services.
Continue to provide relevant continuing education, ethics and leadership training, and training in evidenced based practices. Support supervisory training throughout the practice.
Continue to participate in the criminal justice planning bodies, homeless planning groups, and other community groups as relevant to the mission.
Workforce Diversity – Participate in the agency's Affirmative Action Program to ensure that employees represent the diverse ideas, cultures and thinking of the Divisions' hiring community.
Continue strong collaboration with local school districts and other youth serving agencies in order serve children and families with best practices that are resiliency and recovery focused.
Continue effective operation of Crisis Redesign plan including MCOT, Crisis Hotline, Crisis Chat, Crisis Respite, Crisis Residential and In-Patient Resources.
Provide leadership and support to the Austin Central Texas Suicide Prevention Coalition
<b>Goal 4: PUBLIC AWARENESS</b> ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
Clarify ATCIC role as specialty care provider within community continuum of care for children/families and adults.
Participate in community planning and engagement to offer educational opportunities for peers, volunteers and professionals to develop expertise in providing specialty behavioral healthcare services.
Provide leadership in the community to promote the need for services that integrate primary health care, wellness promotion, substance abuse treatment services with the delivery of specialty behavioral healthcare services.
Continue to expand education and professional learning opportunities for agency staff and community partners regarding crisis services and clinical interventions.
Continue to provide leadership for outreach, consultation and community education opportunities on Mental Health First Aid, suicide prevention, and disaster behavioral health



## **AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2014 BUDGET PLAN Intellectual and Developmental Disabilities Services**

### **BUDGET ASSUMPTIONS**

- Offered enrollment to approximately 100 individuals into the Texas Home Living Waiver (TxHmL) program; resulting in 30 additional individuals being served through service coordination as part of the refinancing plan to address the funding gaps identified by HHSC.
- Emphasize essential, best value services; core supports (e.g. intake and eligibility services, service coordination, family support, respite, behavioral support for children and adults with autism).
- Continue with collaborative efforts to pursue grant/contract opportunities that enhance collaboration and address the Center's strategic plan.
- Participate in the development of a coordinated system of access for aging and disability services through the community round tables with future plans to collaboratively establish an Aging and Disability Resource Center (ADRC) in and around the Travis County area in 2014.
- Transition our Autism Pilot Program into a formal Autism Program providing wrap around services and supports to children and adults with autism, with continued efforts to obtain grant and specialized funding to expand the program in the near future.
- Collaborate and lead efforts with community partners to enhance services to those with co-occurring psychiatric and intellectual and developmental disability needs.
- Convert to a “paperless” operation in regards to the electronic medical record which will allow the division to consume less paper and strive to become more environmentally friendly; improving overall efficiency.
- Continue collaboration with the Department of Aging and Disability Services in the enhanced efforts to transition residents at the Austin State Supported Living Center resulting in the successful transition of approximately 30 individuals into the community. Plans to expand pilot efforts to better support those individuals identified with a higher level of need.
- Assisted with implementing the PASRR redesign, providing assessment for needed services of residents living in nursing facilities.
- Expand services to include specialized crisis intervention and prevention supports for individuals with IDD/MI diagnoses made possible through 1115 Waiver expansion.



<b>Intellectual and Developmental Disabilities Services</b>	
<b>Goal 1: ACCESS</b>	People in the community have timely access to Behavioral Health and IDD services.
Conduct cross-training with community partners and inter-agency program areas to enhance continuity of care for persons eligible for multiple programs/supports.	Increase access to specialized crisis services for IDD population so that individuals can continue living successfully in the community.
Continued with a “same day” intake service to improve access to needed services.	
<b>Goal 2: HIGH-QUALITY SERVICES</b>	All consumers receive high-quality, effective services.
Enhance staff competency through best practice training in the area of dual diagnoses by certifying all IDD staff in Mental Health First Aid.	Applied for 1115 Waiver funding to assist with crisis program development tailored for the IDD population in our community.
Seek and develop resources to support recruiting, training, and retaining the most competent staff to meet the diverse needs of the consumers we serve.	
<b>Goal 3: LEADERSHIP</b>	ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.
Develop a specialized team to guide division leaders on current state of fiscal operations, empowering them to make informed decisions and best recommendations for their respective areas.	Collaborate with community partners and other stakeholders to develop a proposal for funding of an Aging and Disability Resource Center (ADRC) in the future.
Lead learning collaboratives both locally and state-wide as part of an improved systems of service which meet the needs of local residents with co-occurring behavioral health and IDD needs.	
<b>Goal 4: PUBLIC AWARENESS</b>	ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
In collaboration with other community based organizations, the division will continue to sponsor symposiums, for families and professionals, concerning specific consumer care and future planning issues.	Enhance community presence through participation in local events sponsored by community partners in advocacy and community education that seek to eradicate stigma.
Provide education and awareness of program development for crisis services for the IDD population.	



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2014 BUDGET PLAN Pharmacy

### BUDGET ASSUMPTIONS

- Maintain expenses within budget.
- Maximize use of Patient Assistance Programs.
- Maximize use of mail order medications.

<b>Pharmacy</b>
<b>Goal 1: ACCESS</b> People in the community have timely access to Behavioral Health and IDD services.
N/A
<b>Goal 2: HIGH-QUALITY SERVICES</b> All consumers receive high-quality, effective services.
Prompt filling of medications minimizing delays in treatment.
<b>Goal 3: LEADERSHIP</b> ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.
N/A
<b>Goal 4: PUBLIC AWARENESS</b> ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
N/A



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2014 BUDGET PLAN Community Planning & Initiatives

### BUDGET ASSUMPTIONS

- Improve knowledge and perceptions of behavioral health and IDD issues.
- Improve awareness of ATCIC services and its role in the community.
- Reduce barriers for underserved populations.
- Assume a leadership role in advancing community collaborations to address emerging and chronic conditions impacting ATCIC's consumers.
- Work with community leaders to identify gaps and community indicators to measure progress towards common goals.

Community Planning & Initiatives	
<b>Goal 1: ACCESS</b> People in the community have timely access to Behavioral Health and IDD services.	Redesign website utilizing new technology for target populations and mobile users to communicate service access points and resources.  Increase engagement through the appropriate use of technology and communications for individuals with IDD, auditory and visual impairments.  Launch online interactive tools on behavioral health and IDD including signs, symptoms and definitions.  Develop joint awareness campaign with CommUnityCare as part of integrated care approach.
<b>Goal 2: HIGH-QUALITY SERVICES</b> All consumers receive high-quality, effective services.	Develop culturally relevant materials and information for the elderly, LGBT, Hispanic and Asian communities.  Launch employee tools for resource sharing, policy and procedure management and distribution of timely data.
<b>Goal 3: LEADERSHIP</b> ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.	



Develop online tools for ongoing advocacy and education on legislative and policy issues.
Convene and engage with stakeholders to identify public policy challenges and create solutions.
Expand community relations and outreach through target needs/gaps assessment.
Consolidate local and regional planning efforts and resources through Indicator Improvement Initiative and 1115 Medicaid Waiver expansion efforts.
<b>Goal 4: PUBLIC AWARENESS</b> ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
Communicate outcomes and feedback to stakeholders.
Increase community education and outreach through partnership with NAMI Austin and other peer support organizations.



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2014 BUDGET PLAN Program Support

### BUDGET ASSUMPTIONS

- Streamline front door functions to promote open access through the use of collaborative documentation.
- Increase customer service responsiveness through use of peer support provider in Ombudsman's office.
- Increase Mental Health First Aid training opportunities for the community.
- Maintain tobacco free workplace initiative.

Program Support
<b>Goal 1: ACCESS</b> People in the community have timely access to Behavioral Health and IDD services.
Improve efficiency of front door processes by collecting financial and programmatic eligibility information prior to appointment.
<b>Goal 2: HIGH-QUALITY SERVICES</b> All consumers receive high-quality, effective services.
Provide supervision to peer support provider to foster consumer self-advocacy. Increase the use of the SOAR process for benefit eligibility for individuals who experience homelessness. Evaluate development of a call cue for SPOE/CBO.
<b>Goal 3: LEADERSHIP</b> ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.
Continue to join with City of Austin leadership in tobacco free initiatives. Expand training opportunities in Mental Health First Aid. Expand prevention and wellness activities.
<b>Goal 4: PUBLIC AWARENESS</b> ATCIC promotes community understanding and supports Behavioral Health and IDD issues.
N/A



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2014 BUDGET PLAN Authority/Administration Support Services

### BUDGET ASSUMPTIONS

- Collaborate with Cerner to develop solutions to patient consent challenges so ATCIC can actively participate in Medical Home Model.
- Continue to maintain Center facilities at highest level possible as defined by Joint Commission Environment of Care and Health Safety Standards.
- Collaborate with Managed Care Companies to prepare for operational and financial impacts of Patient Protection and Affordable Care Act.
- Refine and recommit ATCIC to a robust corporate compliance function.
- Develop and continue nurturing long term funding relationships with foundations.
- Demonstrate high stakeholder satisfaction with ATCIC services.
- Expand consumer-focused public policy support.
- Increase consumer choice through the new planning cycle and implementation of the Local Service Area Plan.

Authority/Administration Support Services	
<b>Goal 1: ACCESS</b> People in the community have timely access to Behavioral Health and IDD services.	N/A
<b>Goal 2: HIGH-QUALITY SERVICES</b> All consumers receive high-quality, effective services.	
Collaboration with Quality Management, Medical Records, and Corporate Compliance Committee implementing new monitoring and audit instrument. Expand field of qualified, culturally competent providers.	
Ensure environments are safe and welcoming, meeting Joint Commission Standards.	
Make available provider profiling and provider directory information on the ATCIC website.	



Plan for the availability of an automated survey at the end of a call. Develop the capacity to accept and export electronic claims and pay providers through electronic fund transfers.

**Goal 3: LEADERSHIP**

ATCIC leads, with community organizations and providers, to address Behavioral Health and IDD issues and advocates for effective solutions.

Engage with ICC, as our Local HIE, to seek solutions to secure exchange of PHI.

Assist with Financial Readiness as all Community Centers and ATCIC ready for 2014 and the potential loss of Block Grant Funding and a shift to Fee-for-Service reimbursement in an expanded Managed Care environment.

Communicate outcomes and feedback to stakeholders.

Ensure that ATCIC is considered a desired employer.

Serve as a data resource for policy decision making.

Continue to educate and create opportunities for dialogue with local, state and federal policy makers on mental health and IDD issues.

Identify and share research-based best practices.

Assess community gaps and needs and identify areas of provider network expansion.

**Goal 4: PUBLIC AWARENESS**

ATCIC promotes community understanding and supports Behavioral Health and IDD issues.

Utilize technology for effective communication.

Create and develop supportive media relationships.

Increase communication and transparency of ATCIC activities, finances and outcomes.



## Board of Trustees Budget Guidance Principles for Preparation of FY 2014 Budget

1. Ensure stakeholder participation (consumers, families, employees, advisory committees, and providers) in the budget process.
2. Budget operationalizes Strategic Plan.
3. Budget for consumer-driven services reflecting quality, access, best practices, and best value (including family, significant others, and Certified Peer Specialist).
4. Commitment to maintenance of high quality, effective core services and critical infrastructure from which we can grow into our desired future.
5. Maintain organizational alignment with funding and finance requirements.
6. Maximize resource development and community collaborations to meet current and emerging community needs.
7. Budget compensation package aligning salaries at the State Auditor's Classification Schedule for all employees, considering the overall impact on consumers.
8. Fund Balance expenditures are intended for bridge or one time costs.
9. All the above principles may be affected by Legislative and other financial impacts. Transformation 1115 Waiver impacts and Patient Protection and Affordable Care Act (PPACA) staged implementation.
10. Flexibility and agility in budgeting process will be necessary in our current environment.



**1. Ensure stakeholder participation (consumers, families, employees, advisory committees, and providers) in the budget process.**

- Planning & Network Advisory Committee (PNAC) (March 14, 2013)
- Community Forum (March 19, 2013)
- Employee Forums (April 8, 2013; April 9, 2013 (2) ; April 11, 2013)

**2. Budget operationalizes Strategic Plan.**

- Each Network has a budget plan cross walked to Strategic Plan (See Network Divisions Section)

**3. Budget for consumer-driven services reflecting quality, access, best practices, and best value (including family, significant others, and Certified Peer Specialist).**

- All contractual targets are met with this budget.
- Network expansion is anticipated in FY2014 as staff continue implementation of Local Planning and Network Development Rule.
- New Transformation 1115 Waiver will allow for several new interventions.

**4. Commitment to maintenance of high quality, effective core services and critical infrastructure from which we can grow into our desired future.**

- Center maintains its Joint Commission Accreditation status.
- Strategies to enhance community awareness are on-going.

**5. Maintain organizational alignment with funding and finance requirements.**

- Virtual firewalls are established to ensure grantors that their monies are directed toward intended purposes.
- Staff have budgeted operations to satisfy contract requirements and outcomes.
- Staff continue revamping Center operations to continue operations in a fee-for-service environment.



- Separate units/divisions have been established for new 1115 Waiver Projects.
- 6. Maximize resource development and community collaborations to meet current and emerging community needs.**
- New Medicaid Transformation 1115 Waiver had significant impact in 2013 and on-going impact into 2014.
  - Staff will continue to identify and apply for grant opportunities which will close programmatic gaps in Center's continuum of care.
  - New Milestones Foundation has continued the Bridging the Gap Initiative.
- 7. Budget compensation package aligning salaries at the State Auditor's Classification Schedule for all employees, considering the overall impact on consumers.**
- This budget funds a competitive compensation package.
  - Funds competitive employee health insurance benefit package.
- 8. Fund Balance expenditures are intended for bridge or one-time costs.**
- FY 2014 Budget Book includes a written assessment of Center's current technology status.
  - FY 2014 Budget Book provides an overview of the Center's facilities.
- 9. All the above principles may be affected by Legislative and other financial impacts. Transformation 1115 Waiver impacts and Patient Protection and Affordable Care Act (PPACA) staged implementation.**
- Staff will continue to monitor State and Federal regulations evolving from implementation of PPACA.
  - DSHS anticipates large amendments to FY 2014 in October/November timeframe.
  - Texas elected not to expand Medicaid coverage to specific populations outlined in PPACA.
- 10. Flexibility and agility in budgeting process will be necessary in our**



**current environment.**

- Modifying implementation profile to meet Transformation 1115 Waiver will be operational challenge.
- As Generally Accepted Accounting Principles (GAAP) required the Midelburg Family Gift to become a restricted Fund Balance, all expenditures associated with this gift will come from restricted Fund Balance.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2014 PROPOSED BUDGET  
CENTER TOTAL**

REVENUES	FY 2014 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE CURRENT	PERCENT BUDGET CHANGE	FY 2013 ORIGINAL BUDGET	FY 2013 CURRENT BUDGET	FY 2013 YTD BUDGET CHANGE
<b>Local Funds:</b>							
City of Austin	\$ 2,642,882	3.63%	\$ -	0.00%	\$ 2,619,439	\$ 2,642,882	\$ 23,443
Travis County	\$ 4,700,670	6.46%	\$ (497,696)	-9.57%	\$ 4,588,337	\$ 5,198,366	\$ 610,029
Travis County Healthcare District	\$ 9,434,935	12.96%	\$ 186,726	2.02%	\$ 9,248,209	\$ 9,248,209	\$ -
FFS Client and Private Insurance	\$ 220,039	0.30%	\$ 71,335	47.97%	\$ 148,704	\$ 148,704	\$ -
Other Local	\$ 1,312,339	1.80%	\$ (4,907)	-0.37%	\$ 1,343,866	\$ 1,317,246	\$ (26,620)
Total Local Funds	\$ 18,310,865	25.16%	\$ (244,542)	-1.32%	\$ 17,948,555	\$ 18,555,407	\$ 606,852
<b>State Funds:</b>							
DSHS Mental Health	\$ 20,115,680	27.64%	\$ 1,632,795	8.83%	\$ 18,054,263	\$ 18,482,885	\$ 428,622
DSHS Substance Abuse	\$ 2,396,364	3.29%	\$ (6,608)	-0.27%	\$ 2,728,093	\$ 2,402,972	\$ (325,121)
DADS	\$ 4,204,135	5.78%	\$ 1,001,032	31.25%	\$ 3,014,785	\$ 3,203,103	\$ 188,318
TCOOMMI	\$ 1,322,365	1.82%	\$ 103,795	8.52%	\$ 1,214,340	\$ 1,218,570	\$ 4,230
DARS (Early Childhood Intervention)	\$ 806,721	1.11%	\$ 3,951	0.49%	\$ 904,914	\$ 802,770	\$ (102,144)
Other State	\$ 23,020	0.03%	\$ 7,395	47.33%	\$ 15,625	\$ 15,625	\$ -
Total State Funds	\$ 28,868,285	39.66%	\$ 2,742,360	10.50%	\$ 25,932,020	\$ 26,125,925	\$ 193,905
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 7,168,513	9.85%	\$ (946,309)	-11.66%	\$ 8,106,916	\$ 8,114,822	\$ 7,906
HCS / Tx Hm Lvg Waiver	\$ 1,682,205	2.31%	\$ (497,617)	-22.83%	\$ 2,179,822	\$ 2,179,822	\$ -
Other Federal	\$ 2,311,250	3.18%	\$ (289,080)	-11.12%	\$ 2,650,331	\$ 2,600,330	\$ (50,001)
Total Federal Funds	\$ 11,161,968	15.33%	\$ (1,733,006)	-13.44%	\$ 12,937,069	\$ 12,894,974	\$ (42,095)
<b>Waiver Funds:</b>							
1115 Transformation Waiver	\$ 14,448,820	19.85%	\$ 14,448,820	-	\$ -	\$ -	\$ -
<b>TOTAL REVENUES</b>	<b>\$ 72,789,938</b>	<b>100.00%</b>	<b>\$ 15,213,632</b>	<b>26.42%</b>	<b>\$ 56,817,644</b>	<b>\$ 57,576,306</b>	<b>\$ 758,662</b>
<b>EXPENDITURES</b>							
Salaries & Fringe Benefits	\$ 42,585,722	58.50%	\$ 10,112,257	31.14%	\$ 32,262,403	\$ 32,473,465	\$ 211,062
Travel / Workshop	\$ 723,685	0.99%	\$ 99,907	16.02%	\$ 626,106	\$ 623,778	\$ (2,328)
Prescription Drugs & Medication	\$ 1,313,030	1.80%	\$ (252,965)	-16.15%	\$ 1,774,097	\$ 1,565,995	\$ (208,102)
Capital Outlay	\$ 2,280,797	3.13%	\$ 1,965,580	623.56%	\$ 242,615	\$ 315,217	\$ 72,602
Contracted Services	\$ 18,515,534	25.44%	\$ 1,392,708	8.13%	\$ 16,399,986	\$ 17,122,826	\$ 722,840
Other	\$ 6,043,268	8.30%	\$ 1,562,022	34.86%	\$ 4,524,238	\$ 4,481,246	\$ (42,992)
Client Support Costs	\$ 626,063	0.86%	\$ 128,806	25.90%	\$ 496,659	\$ 497,257	\$ 598
Reserve	\$ 701,839	0.96%	\$ 205,317	41.35%	\$ 491,540	\$ 496,522	\$ 4,982
<b>TOTAL EXPENDITURES</b>	<b>\$ 72,789,938</b>	<b>100.00%</b>	<b>\$ 15,213,632</b>	<b>26.42%</b>	<b>\$ 56,817,644</b>	<b>\$ 57,576,306</b>	<b>\$ 758,662</b>
<b>TOTAL FTE'S</b>	<b>699.13</b>		<b>127.73</b>	<b>22.35%</b>	<b>563.45</b>	<b>571.40</b>	<b>7.95</b>



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2014 PROJECTED CONSUMERS

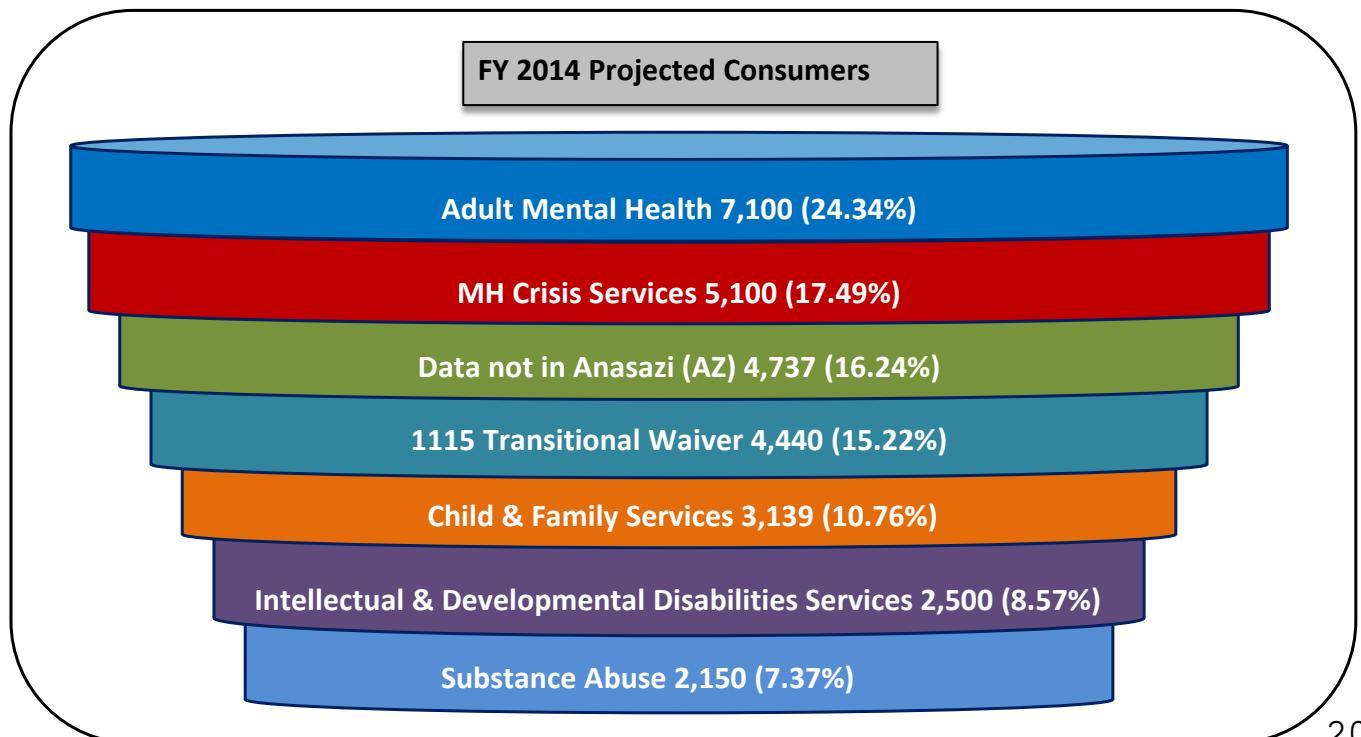
Division	FY2014 Projection		FY2014 Change from FY2013 Revised Projection		FY2013 Projection		
	Consumers	% of Total	Incr / (Decr)	Incr / -Decr	Original	Revised	Change
	7,100	24.34%	(553)	-7.23%	7,830	7,653	(177)
Child & Family Services	3,139	10.76%	546	21.06%	2,785	2,593	(192)
MH Crisis Services (3)	5,100	17.49%	(1,255)	-19.75%	5,100	6,355	1,255
Substance Abuse	2,150	7.37%	(241)	-10.08%	2,900	2,391	(509)
Intellectual & Developmental Disabilities	2,500	8.57%	505	25.31%	2,700	1,995	(705)
1115 Transitional Waiver	4,440	15.22%	4,440	0.00%	0	0	0
Data not in Anasazi (AZ) (2)	4,737	16.24%	650	15.90%	8,840	4,087	(4,753)
<b>Total (1)</b>	<b>29,166</b>	<b>100%</b>	<b>4,092</b>	<b>13.57%</b>	<b>30,155</b>	<b>25,074</b>	<b>(5,081)</b>

**Notes:** (1) The total FY2014 projection of 29,166 is a total of each division's unduplicated consumers.

This total projection includes some duplication of consumers among divisions.

The 1115 Transformation Waiver may have duplication among Waiver projects.

- (2) Service data not in AZ: Veteran's Services, E-Merge, Health Integration Project (HIP), Substance Abuse Managed Services Organization (County only), Self Help and Advocacy Center (SHAC).
- (3) In addition to the projected number of clients to receive services, the Crisis Hotline handles approximately 9,000 crisis calls a year.





## FY2014 BUDGET

### AUSTIN TRAVIS COUNTY INTEGRAL CARE FISCAL YEAR 2014 PROPOSED BUDGET MAJOR REVENUE BUDGET CHANGES

#### Local Funds:

Travis County - Treatment Alternative Incarceration Program (TAIP) program ended in FY2013	\$ (270,406)
Travis County - System of Care/Family, Parents in Recovery (PIR) - Budget amendments in FY2013, contracts usually begin at original amounts and increase during fiscal year depending on available Travis Countyfunds	\$ (141,588)
Travis County - Juvenile Court, Family Preservation Program (FPP), this is a fee for service contract, budgeted by expected daily average billable hours	\$ (47,681)
Travis County - SAMSO	\$ (33,827)
Travis County - Short Intensive Outpatient Program (IOP)	\$ (11,000)
Travis County- PIR II, Administration for Children and Family (ACF), new contract during FY2013 a partial year, FY2014 increase to full year cost	\$ 6,806
Travis County Sub-Total	\$ (497,696)
Travis County Healthcare District - CommUnity Care, anticipated increase	\$ 186,726
FFS Client and Private Insurance - budget increase based on current fiscal year trend	\$ 71,335
Other Local - St. David's Foundation, grant ended June 30, 2013	\$ (240,000)
Other Local - Fund Balance, fund substance abuse fee for service contract max program, \$232,355 and increase for unallowable type cost (increase from 2013 \$25,978, total unallowable budget is \$127,460)	\$ 258,333
Other Local - All other line item changes (no line item change >\$20,000)	\$ (23,240)
Other Local Sub-Total	\$ (4,907)
<b>Total Local Budget Change</b>	<b>\$ (244,542)</b>

#### State Funds:

Department of State Health Services (DSHS) Mental Health (MH), anticipated increase in allocation	\$ 1,717,520
DSHS MH - In-Patient, reduction in FY2013 one-time contract amendment	\$ (33,571)
DSHS - Projects for Assistance in Transition from Homelessness (PATH), reduction in FY2013 one-time contract amendment	\$ (51,154)
DSHS MH Sub-Total	\$ 1,632,795
DSHS Substance Abuse (SA) - HIV Prevention Grant not renewed during FY2013	\$ (88,970)
DSHS SA - Treatment Co-Occurring (TCO)	\$ 60,000
DSHS SA - Other contract changes: Ambulatory Detox \$9,962; Unearned Contract Max Reserve \$12,400	\$ 22,362
DSHS SA Sub-Total	\$ (6,608)
Department of Aging and Disability Services (DADS) - anticipate increase of Pilot Program to expand Waiver Program to include crisis respite \$1,000,000 and increase in Preadmission Screening and Resident Review (PASRR)	\$ 1,001,032
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), anticipate increase to cover full year cost for partial year contract increases made in FY2013	\$ 103,795
Department of Assistive and Rehabilitative Services Division for Early Childhood Intervention Services (DARS ECI)	\$ 3,951
Other State - Department of Assistive and Rehabilitative Services - Other	\$ 7,395
<b>Total State Budget Change</b>	<b>\$ 2,742,360</b>

## Federal Funds:

<b>Medicare/Medicaid/HMO/Rehab/CM:</b>	
<b>Medicare</b>	\$ (135,609)
<b>Medicaid</b>	\$ (221,866)
<b>HMO</b>	\$ (423,015)
<b>Rehab</b>	\$ (200,378)
<b>Case Management: MH-\$223,729; IDD/HCS-(\$166,165); ECI-(\$101,268); IDD-\$78,263</b>	\$ 34,559
<b>Medicare/Medicaid/HMO/Rehab/CM Sub-Total</b>	\$ (946,309)
<b>Texas Home Living Waiver</b>	\$ (403,642)
<b>Home &amp; Community Services (HCS)</b>	\$ (93,975)
<b>TxHmL &amp; HCS Sub-Total</b>	\$ (497,617)
<b>Other Federal - Medicaid Administrative Claiming (MAC), Regular and ECI</b>	\$ (207,629)
<b>Other Federal - Ryan White, City of Austin pass-through, grant reduction</b>	\$ (81,451)
<b>Other Federal Sub-Total</b>	\$ (289,080)
<b>Total Federal Budget Change</b>	\$ (1,733,006)
<b>Total Change Without Waiver Budget</b>	\$ 764,812
<b>Waiver Funds:</b>	
<b>1115 Transformation Waiver - DY3</b>	\$ 14,448,820
<b>Total Revenue Budget Change</b>	\$ 15,213,632

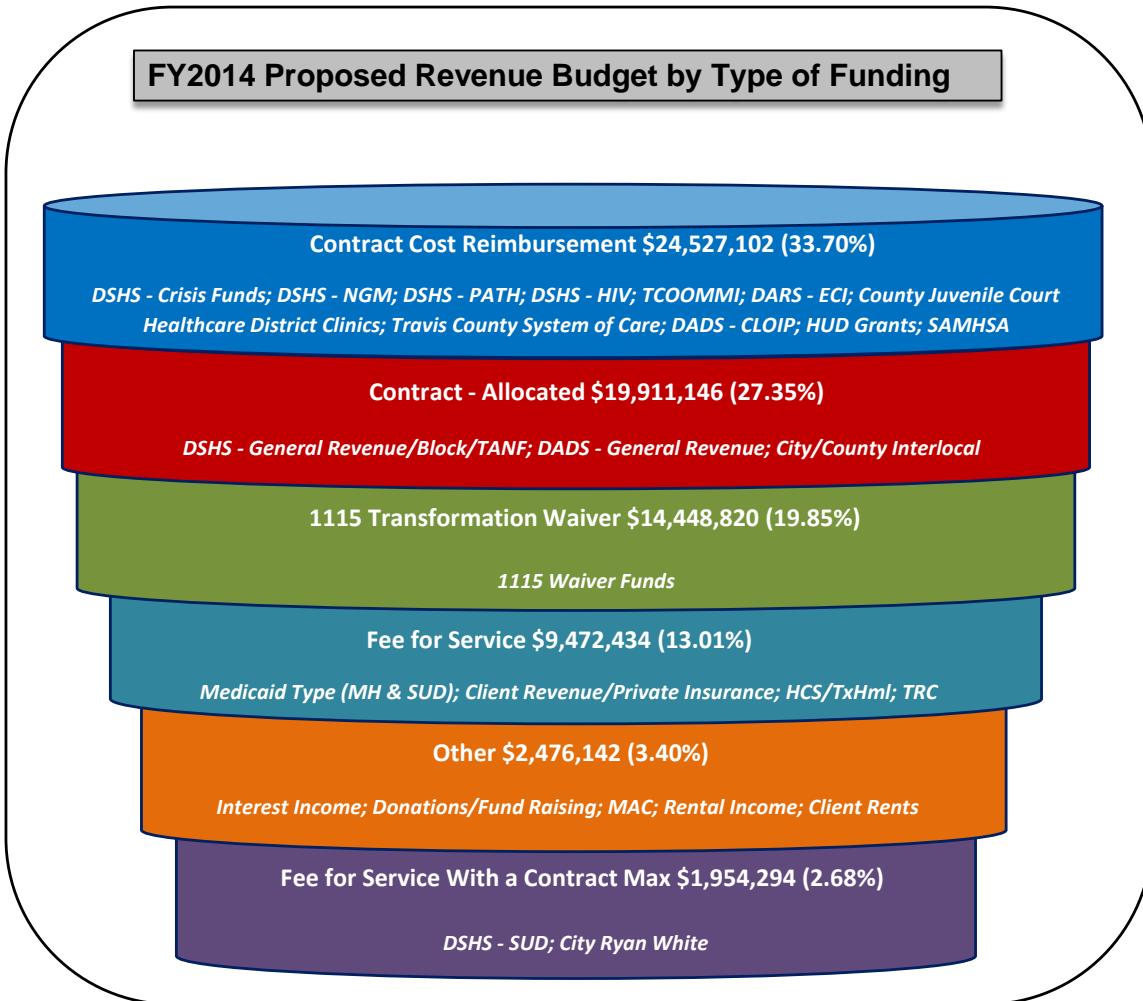


**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2014 PROPOSED BUDGET BY CATEGORY TYPE  
CENTER TOTAL**

	FY 2014 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2013 CURRENT	PERCENT BUDGET CHANGE	FY 2013 ORIGINAL BUDGET	FY 2013 CURRENT BUDGET	FY 2013 YTD BUDGET CHANGE
<b>REVENUES</b>							
Allocated (Alloc)	\$ 19,911,146	27.35%	\$ 1,717,520	9.44%	\$ 17,849,561	\$ 18,193,626	\$ 344,065
Cost Reimbursement (CR)	\$ 24,527,102	33.70%	\$ 727,656	3.06%	\$ 23,208,711	\$ 23,799,446	\$ 590,735
Fee For Service (FFS)	\$ 9,472,434	13.01%	\$ (1,451,646)	-13.29%	\$ 10,912,794	\$ 10,924,080	\$ 11,286
FFS/Contract Max (FFS/CM)	\$ 1,954,294	2.68%	\$ (280,495)	-12.55%	\$ 2,415,136	\$ 2,234,789	\$ (180,347)
Waiver	\$ 14,448,820	19.85%	\$ 14,448,820	-	\$ -	\$ -	\$ -
Other	\$ 2,476,142	3.40%	\$ 51,777	2.14%	\$ 2,431,442	\$ 2,424,365	\$ (7,077)
<b>TOTAL REVENUES</b>	<b>\$ 72,789,938</b>	<b>100.00%</b>	<b>\$ 15,213,632</b>	<b>26.42%</b>	<b>\$ 56,817,644</b>	<b>\$ 57,576,306</b>	<b>\$ 758,662</b>
<b>EXPENDITURES</b>							
Salary/Benefits/Travel	\$ 43,309,407	59.50%	\$ 10,212,164	30.86%	\$ 32,888,509	\$ 33,097,243	\$ 208,734
Contracted Services	\$ 18,515,534	25.44%	\$ 1,392,708	8.13%	\$ 16,399,986	\$ 17,122,826	\$ 722,840
Other Expenses	\$ 10,964,997	15.06%	\$ 3,608,760	49.06%	\$ 7,529,149	\$ 7,356,237	\$ (172,912)
<b>TOTAL EXPENDITURES</b>	<b>\$ 72,789,938</b>	<b>100.00%</b>	<b>\$ 15,213,632</b>	<b>26.42%</b>	<b>\$ 56,817,644</b>	<b>\$ 57,576,306</b>	<b>\$ 758,662</b>
<b>TOTAL FTE'S</b>	<b>699.13</b>		<b>127.73</b>	<b>22.35%</b>	<b>563.45</b>	<b>571.40</b>	<b>7.95</b>



## AUSTIN TRAVIS COUNTY INTEGRAL CARE



**Contract - Cost Reimbursement** include a specified line item budget for stipulated services. Funds are reimbursed after the Center has incurred the expense.

**Contract - Allocated** include DSHS and DADS state General Revenue, MH Block and City / County Interlocal funds. The General Revenue and MH Block funds are to provide local authority functions and ensure the provision of mental health and developmental disability services to consumers who meet the criteria of the priority population. The City / County Interlocal provides required local match to several contracts and supports the local authority functions.

**1115 Transformation Waiver** transforms the health care delivery system for low income Texans and increases access to quality behavioral health services as a recognized means to improve both individual and system level outcomes. Revenues are earned when Program metrics are obtained within specified timelines.

**Fee for Service** revenue is earned after a defined unit of service is rendered at a specified rate of pay to consumers who qualify for the benefit plan. The revenue earned is not limited.

**Other** includes all other type funding, including MAC, interest income.

**Fee for Service - Contract Max** revenue is earned after a defined unit of service is rendered at a specified rate of pay to a prescribed population. The revenue earned cannot exceed the total amount of the contract.



## FY2014 BUDGET

### AUSTIN TRAVIS COUNTY INTEGRAL CARE FISCAL YEAR 2014 PROPOSED BUDGET MAJOR REVENUE TYPE BUDGET CHANGES

#### Allocated (Alloc):

Department of State Health Services (DSHS) Mental Health (MH), anticipated increase in allocation	\$ 1,717,520
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#### Cost Reimbursement (CR):

Department of Aging and Disability Services (DADS) - anticipate increase of Pilot Program to expand Waiver Program to include crisis respite	\$ 1,000,000
Travis County Healthcare District - CommUnity Care, anticipated increase	\$ 186,726
Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), anticipate increase to cover full year cost for partial year contract increases made in FY2013	\$ 103,795
Other Local - St. David's Foundation, grant ended June 30, 2013	\$ (240,000)
Travis County - System of Care/Family, Parents in Recovery (PIR) - Budget amendments in FY2013, contracts usually begin at original amounts and increase during fiscal year depending on available Travis County funds	\$ (141,588)
DHSH Substance Abuse (SA) - HIV Prevention Grant not renewed during FY2013	\$ (88,970)
DHSH - Projects for Assistance in Transition from Homelessness (PATH), reduction in FY2013 one-time contract amendment	\$ (51,154)
DHSH MH - In-Patient, reduction in FY2013 one-time contract amendment	\$ (33,571)
Travis County - SAMSO	\$ (33,827)
Sum of: Travis County PIR ACF \$6,806; Midelburg Trust (fund balance dedication) \$15,488; ECI \$3,951	\$ 26,245
<b>Total Cost Reimbursement Budget Change</b>	<b>\$ 727,656</b>

#### Fee For Service (FFS):

Medicare/Medicaid/HMO/Rehab/CM:	
Medicare	\$ (135,609)
Medicaid	\$ (221,866)
HMO	\$ (423,015)
Rehab	\$ (200,378)
Case Management: MH-\$223,729; IDD/HCS-(\$166,165); ECI-(\$101,268); IDD-\$78,263	\$ 34,559
Texas Home Living Waiver	\$ (403,642)
Home & Community Services (HCS)	\$ (129,758)
Travis County - Juvenile Court, Family Preservation Program (FPP), this is a fee for service contract, budgeted expected daily average billable hours	\$ (47,681)
FFS Client and Private Insurance - budget increase based on current fiscal year trend	\$ 71,335
Sum of: People's Clinic (\$4,018); DADS PASARR \$1,032; DARS Rehabilitation \$7,395	\$ 4,409
<b>Total Fee For Service Budget Change</b>	<b>\$ (1,451,646)</b>

**Fee For Service/Contract Max Amount (FFS/CM):**

DSHS SA - Treatment Co-Occurring (TCO)	\$ 60,000
Travis County - Treatment Alternative Incarceration Program (TAIP) program ended in FY2013	\$ (270,406)
Other Federal - Ryan White, City of Austin pass-through, grant reduction	\$ (81,451)
Travis County - Short Intensive Outpatient Program (IOP)	\$ (11,000)
DSHS SA - Other contract changes: Ambulatory Detox \$9,962; Unearned Contract Max Reserve \$12,400	\$ 22,362
<b>Total Fee For Service/Contract Max Budget Change</b>	<b>\$ (280,495)</b>

**Other:**

Other Local - Fund Balance, fund substance abuse fee for service contract max programs, \$232,355 and increase for unallowable type cost (increase from 2013 \$25,978, total unallowable budget is \$127,460)	\$ 258,333
HCS Adaptive Aids	\$ 35,783
Other Federal - Medicaid Administrative Claiming (MAC), Regular and ECI	\$ (207,629)
Bazelon	\$ (20,000)
All Other, includes Rental Income, Client Rents, Medical Record Fees, etc.	\$ (14,710)
<b>Total Other Budget Change</b>	<b>\$ 51,777</b>

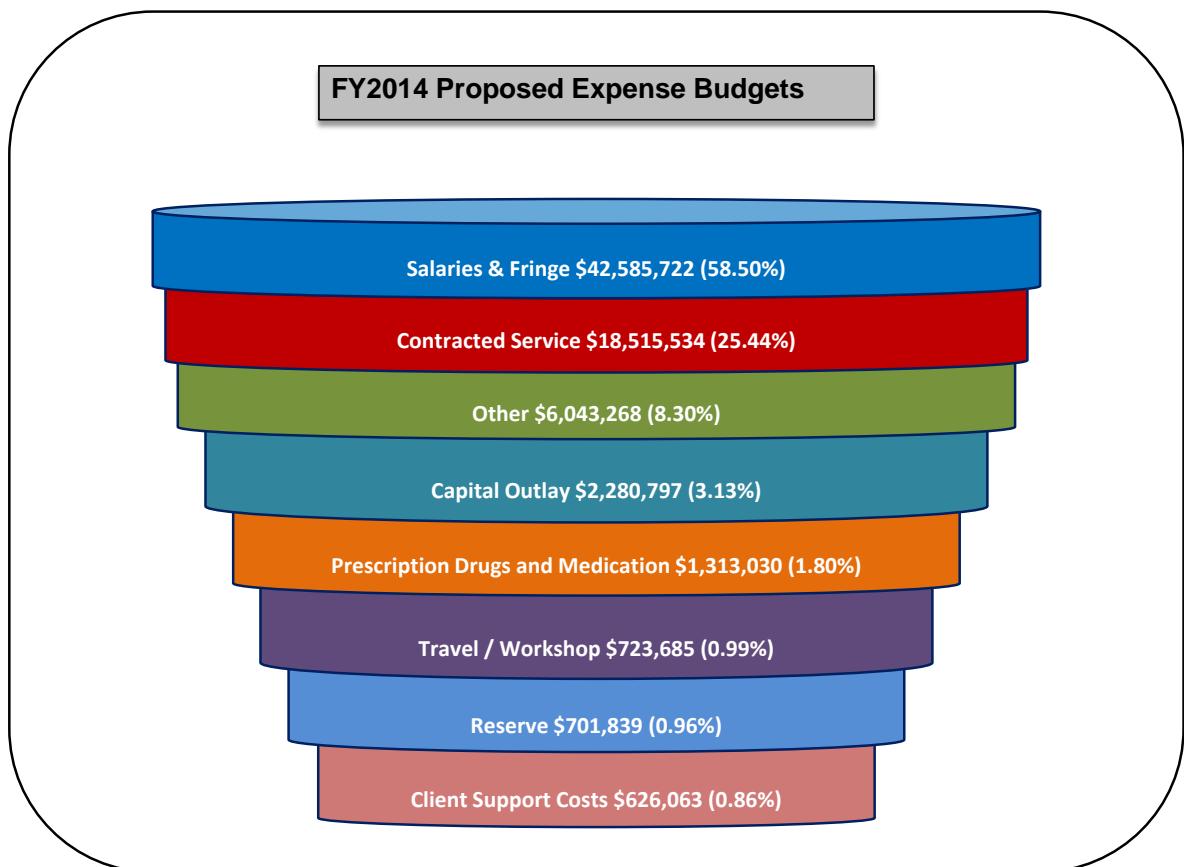
**Total Change Without Waiver Budget****\$ 764,812****Waiver Funds:**

1115 Transformation Waiver - DY3	\$ 14,448,820
<b>Total Revenue Type Budget Change</b>	<b>\$ 15,213,632</b>



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2014 PROPOSED EXPENSE BUDGET SUMMARY

Division	FY2014 Proposed Budget		Change 2013 Current Budget		FY2013 Budget		
	Total	%	Incr/(Decr)	Incr/-Decr	Original	Current	Change
Salaries & Fringe	\$42,585,722	58.50%	\$10,112,257	31.14%	\$32,262,403	\$32,473,465	\$211,062
Travel / Workshop	\$723,685	0.99%	\$99,907	16.02%	\$626,106	\$623,778	(\$2,328)
Prescription Drugs and Medication	\$1,313,030	1.80%	(\$252,965)	-16.15%	\$1,774,097	\$1,565,995	(\$208,102)
Capital Outlay	\$2,280,797	3.13%	\$1,965,580	623.56%	\$242,615	\$315,217	\$72,602
Contracted Service	\$18,515,534	25.44%	\$1,392,708	8.13%	\$16,399,986	\$17,122,826	\$722,840
Other	\$6,043,268	8.30%	\$1,562,022	34.86%	\$4,524,238	\$4,481,246	(\$42,992)
Client Support Costs	\$626,063	0.86%	\$128,806	25.90%	\$496,659	\$497,257	\$598
Reserve	\$701,839	0.96%	\$205,317	41.35%	\$491,540	\$496,522	\$4,982
<b>Total</b>	<b>\$72,789,938</b>	<b>100.00%</b>	<b>\$15,213,632</b>	<b>26.42%</b>	<b>\$56,817,644</b>	<b>\$57,576,306</b>	<b>\$758,662</b>

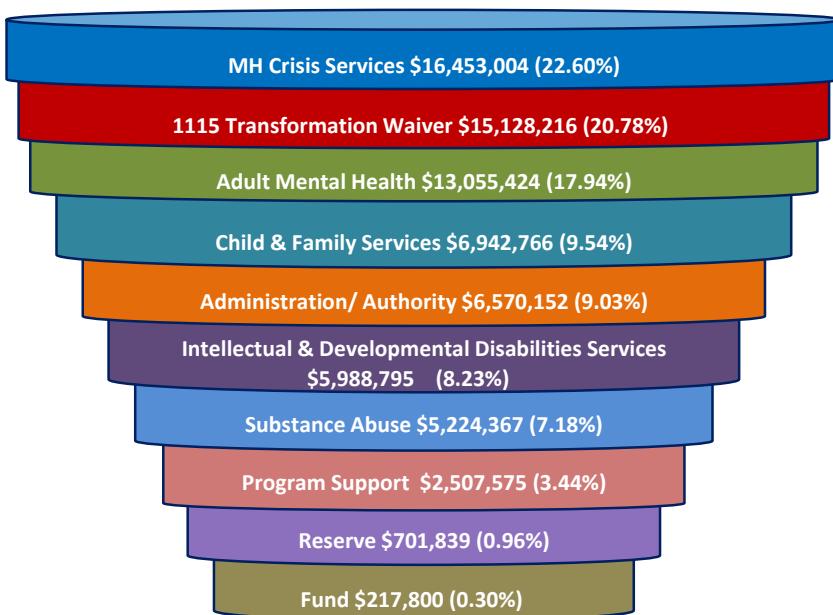




## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2014 PROPOSED DIVISION BUDGET SUMMARY

Division	FY2014 Proposed Budget		Change 2013 Current Budget		FY2013 Budget		
	Total	%	Incr/(Decr)	Incr/-Decr	Original	Current	Change
Adult Mental Health	\$13,055,424	17.94%	(\$284,892)	-2.14%	\$13,379,140	\$13,340,316	(\$38,824)
Child & Family Services	\$6,942,766	9.54%	\$274,812	4.12%	\$6,514,426	\$6,667,954	\$153,528
MH Crisis Services	\$16,453,004	22.60%	\$266,905	1.65%	\$16,059,765	\$16,186,099	\$126,334
Substance Abuse	\$5,224,367	7.18%	(\$148,334)	-2.76%	\$5,208,265	\$5,372,701	\$164,436
Intellectual & Developmental Disabilities Services	\$5,988,795	8.23%	(\$533,812)	-8.18%	\$6,265,399	\$6,522,607	\$257,208
Program Support	\$2,507,575	3.44%	(\$41,045)	-1.61%	\$2,544,340	\$2,548,620	\$4,280
Fund	\$217,800	0.30%	\$37,066	20.51%	\$180,734	\$180,734	\$0
Administration/ Authority	\$6,570,152	9.03%	\$278,932	4.43%	\$6,174,035	\$6,291,220	\$117,185
Reserve	\$701,839	0.96%	\$235,784	50.59%	\$491,540	\$466,055	(\$25,485)
1115 Transformation Waiver	\$15,128,216	20.78%	\$15,128,216	0.00%	\$0	\$0	\$0
<b>Total</b>	<b>\$72,789,938</b>	<b>100.00%</b>	<b>\$15,213,632</b>	<b>26.42%</b>	<b>\$56,817,644</b>	<b>\$57,576,306</b>	<b>\$797,486</b>

### FY2014 Proposed Division Budgets





**AUSTIN TRAVIS COUNTY INTEGRAL CARE**  
**FY2014 PROPOSED FULL TIME EQUIVALENT (FTE) POSITION BUDGET**

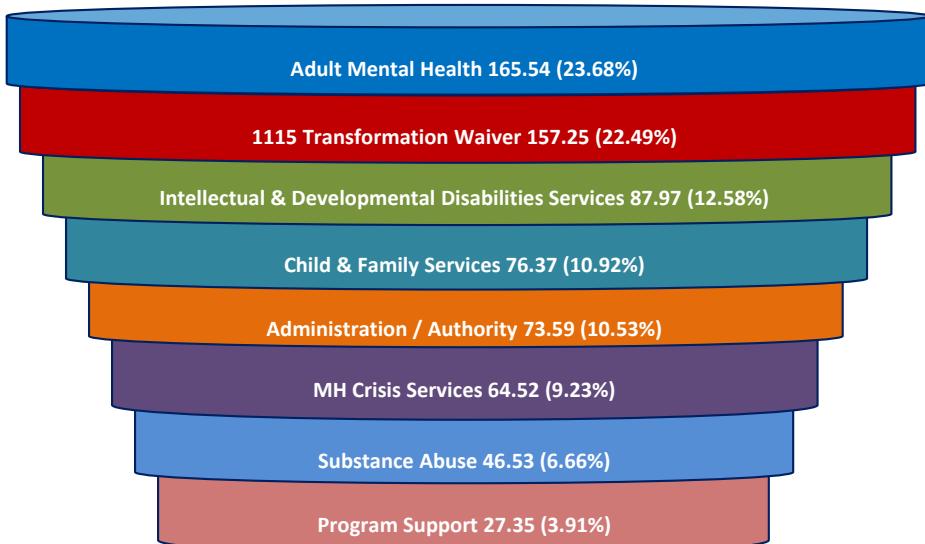
Division
Adult Mental Health
Child & Family Services
MH Crisis Services
Substance Abuse
Intellectual & Developmental Disabilities Services
Program Support
Administration / Authority
1115 Transformation Waiver
<b>Total</b>

FY2014 Proposed Budget	
FTE	%
165.54	23.68%
76.37	10.92%
64.52	9.23%
46.53	6.66%
87.97	12.58%
27.35	3.91%
73.59	10.53%
157.25	22.49%
<b>699.13</b>	<b>100.00%</b>

Change 2013 Current	
Incr / (Decr)	Incr / -Decr
(4.62)	-2.72%
(2.12)	-2.70%
(7.03)	-9.82%
(2.66)	-5.40%
(12.95)	-12.83%
(1.50)	-5.20%
1.35	1.87%
157.25	100.00%
<b>127.73</b>	<b>22.35%</b>

FY2013 Budget		
Original	Current	Change
143.94	170.16	26.22
77.39	78.49	1.10
68.89	71.55	2.66
74.07	49.19	(24.88)
99.12	100.92	1.80
28.85	28.85	0.00
71.19	72.24	1.05
0.00	0.00	0.00
<b>563.45</b>	<b>571.40</b>	<b>7.95</b>

**FY 2014 Full Time Equivalent (FTE) By Division**





**AUSTIN TRAVIS COUNTY INTEGRAL CARE**  
**FISCAL YEAR 2014 PROPOSED BUDGET BY DIVISION AND FUNDING TYPE**  
**CENTER TOTAL**

FINANCIALS BY DIVISION	FY 2014 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2013 CURRENT	PERCENT BUDGET CHANGE	FY 2013 ORIGINAL BUDGET	FY 2013 CURRENT BUDGET	FY 2013 YTD BUDGET CHANGE
<b>Adult Mental Health, Pharmacy and Housing</b>							
Revenue							
Allocated (Alloc)	\$ 5,616,946	43.02%	\$ 638,687	12.83%	\$ 4,669,244	\$ 4,978,259	\$ 309,015
Cost Reimbursement (CR)	\$ 4,237,143	32.46%	\$ (11,937)	-0.28%	\$ 4,446,626	\$ 4,249,080	\$ (197,546)
Fee For Service (FFS)	\$ 2,394,971	18.34%	\$ (861,581)	-26.46%	\$ 3,406,844	\$ 3,256,552	\$ (150,292)
Other	\$ 806,364	6.18%	\$ (50,061)	-5.85%	\$ 856,426	\$ 856,425	\$ (1)
Total Revenue	\$ 13,055,424	100.00%	\$ (284,892)	-2.14%	\$ 13,379,140	\$ 13,340,316	\$ (38,824)
Expenditures							
Salary/Benefits/Travel	\$ 10,272,874	78.69%	\$ 504,221	5.16%	\$ 9,604,096	\$ 9,768,653	\$ 164,557
Contracted Services	\$ 628,504	4.81%	\$ (89,610)	-12.48%	\$ 814,467	\$ 718,114	\$ (96,353)
Other Expenses	\$ 2,154,046	16.50%	\$ (699,503)	-24.51%	\$ 2,960,577	\$ 2,853,549	\$ (107,028)
Total Expenditures	\$ 13,055,424	100.00%	\$ (284,892)	-2.14%	\$ 13,379,140	\$ 13,340,316	\$ (38,824)
<b>Child and Family Services</b>							
Revenue							
Allocated (Alloc)	\$ 2,681,759	38.63%	\$ 333,813	14.22%	\$ 2,322,925	\$ 2,347,946	\$ 25,021
Cost Reimbursement (CR)	\$ 2,051,127	29.54%	\$ (211,848)	-9.36%	\$ 2,137,392	\$ 2,262,975	\$ 125,583
Fee For Service (FFS)	\$ 1,953,440	28.14%	\$ 153,491	8.53%	\$ 1,781,757	\$ 1,799,949	\$ 18,192
FFS/Contract Max (FFS/CM)	\$ 74,052	1.07%	\$ 18,192	32.57%	\$ 74,052	\$ 55,860	\$ (18,192)
Other	\$ 182,388	2.63%	\$ (18,836)	-9.36%	\$ 198,300	\$ 201,224	\$ 2,924
Total Revenue	\$ 6,942,766	100.00%	\$ 274,812	4.12%	\$ 6,514,426	\$ 6,667,954	\$ 153,528
Expenditures							
Salary/Benefits/Travel	\$ 5,018,282	72.28%	\$ 450,390	9.86%	\$ 4,582,631	\$ 4,567,892	\$ (14,739)
Contracted Services	\$ 1,104,944	15.92%	\$ (238,374)	-17.75%	\$ 1,180,385	\$ 1,343,318	\$ 162,933
Other Expenses	\$ 819,540	11.80%	\$ 62,796	8.30%	\$ 751,410	\$ 756,744	\$ 5,334
Total Expenditures	\$ 6,942,766	100.00%	\$ 274,812	4.12%	\$ 6,514,426	\$ 6,667,954	\$ 153,528
<b>Crisis</b>							
Revenue							
Allocated (Alloc)	\$ 3,227,973	19.62%	\$ 415,695	14.78%	\$ 2,980,513	\$ 2,812,278	\$ (168,235)
Cost Reimbursement (CR)	\$ 12,808,298	77.85%	\$ 99,786	0.79%	\$ 12,417,323	\$ 12,708,512	\$ 291,189
Fee For Service (FFS)	\$ 261,594	1.59%	\$ (120,102)	-31.47%	\$ 378,316	\$ 381,696	\$ 3,380
FFS/Contract Max (FFS/CM)	\$ 11,000	0.07%	\$ (500)	-4.35%	\$ 11,500	\$ 11,500	\$ -
Other	\$ 144,139	0.88%	\$ (127,974)	-47.03%	\$ 272,113	\$ 272,113	\$ -
Total Revenue	\$ 16,453,004	100.00%	\$ 266,905	1.65%	\$ 16,059,765	\$ 16,186,099	\$ 126,334
Expenditures							
Salary/Benefits/Travel	\$ 4,863,087	29.56%	\$ 141,765	3.00%	\$ 4,636,044	\$ 4,721,322	\$ 85,278
Contracted Services	\$ 10,973,883	66.70%	\$ 30,109	0.28%	\$ 10,902,718	\$ 10,943,774	\$ 41,056
Other Expenses	\$ 616,034	3.74%	\$ 95,031	18.24%	\$ 521,003	\$ 521,003	\$ -
Total Expenditures	\$ 16,453,004	100.00%	\$ 266,905	1.65%	\$ 16,059,765	\$ 16,186,099	\$ 126,334
<b>Substance Abuse</b>							
Revenue							
Allocated (Alloc)	\$ -	0.00%	\$ (40,758)	-100.00%	\$ 36,462	\$ 40,758	\$ 4,296
Cost Reimbursement (CR)	\$ 2,754,155	52.72%	\$ (121,105)	-4.21%	\$ 2,697,283	\$ 2,875,260	\$ 177,977
Fee For Service (FFS)	\$ 404,418	7.74%	\$ 56,718	16.31%	\$ 213,830	\$ 347,700	\$ 133,870
FFS/Contract Max (FFS/CM)	\$ 1,763,884	33.76%	\$ (264,835)	-13.05%	\$ 2,180,426	\$ 2,028,719	\$ (151,707)
Other	\$ 301,910	5.78%	\$ 221,646	276.15%	\$ 80,264	\$ 80,264	\$ -
Total Revenue	\$ 5,224,367	100.00%	\$ (148,334)	-2.76%	\$ 5,208,265	\$ 5,372,701	\$ 164,436
Expenditures							
Salary/Benefits/Travel	\$ 2,727,169	52.20%	\$ (10,535)	-0.38%	\$ 2,925,989	\$ 2,737,704	\$ (188,285)
Contracted Services	\$ 1,886,852	36.12%	\$ (176,288)	-8.54%	\$ 1,653,557	\$ 2,063,140	\$ 409,583
Other Expenses	\$ 610,346	11.68%	\$ 38,489	6.73%	\$ 628,719	\$ 571,857	\$ (56,862)
Total Expenditures	\$ 5,224,367	100.00%	\$ (148,334)	-2.76%	\$ 5,208,265	\$ 5,372,701	\$ 164,436

	FY 2014 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2013 CURRENT	PERCENT BUDGET CHANGE	FY 2013 ORIGINAL BUDGET	FY 2013 CURRENT BUDGET	FY 2013 YTD BUDGET CHANGE
<b>FINANCIALS BY DIVISION</b>							
Intellectual and Developmental Disabilities							
Revenue							
Allocated (Alloc)	\$ 2,117,601	35.36%	\$ (156,180)	-6.87%	\$ 2,186,059	\$ 2,273,781	\$ 87,722
Cost Reimbursement (CR)	\$ 459,599	7.67%	\$ -	0.00%	\$ 290,113	\$ 459,599	\$ 169,486
Fee For Service (FFS)	\$ 3,105,876	51.86%	\$ (496,709)	-13.79%	\$ 3,602,585	\$ 3,602,585	\$ -
Other	\$ 305,719	5.10%	\$ 119,077	63.80%	\$ 186,642	\$ 186,642	\$ -
Total Revenue	\$ 5,988,795	100.00%	\$ (533,812)	-8.18%	\$ 6,265,399	\$ 6,522,607	\$ 257,208
Expenditures							
Salary/Benefits/Travel	\$ 3,909,122	65.27%	\$ (328,062)	-7.74%	\$ 4,214,879	\$ 4,237,184	\$ 22,305
Contracted Services	\$ 1,640,026	27.38%	\$ (234,166)	-12.49%	\$ 1,645,237	\$ 1,874,192	\$ 228,955
Other Expenses	\$ 439,647	7.34%	\$ 28,416	6.91%	\$ 405,283	\$ 411,231	\$ 5,948
Total Expenditures	\$ 5,988,795	100.00%	\$ (533,812)	-8.18%	\$ 6,265,399	\$ 6,522,607	\$ 257,208
Program Support							
Revenue							
Allocated (Alloc)	\$ 2,189,498	87.32%	\$ 94,874	4.53%	\$ 2,060,344	\$ 2,094,624	\$ 34,280
Cost Reimbursement (CR)	\$ 65,000	2.59%	\$ -	0.00%	\$ 85,000	\$ 65,000	\$ (20,000)
FFS/Contract Max (FFS/CM)	\$ -	0.00%	\$ (23,214)	-100.00%	\$ 23,214	\$ 23,214	\$ -
Other	\$ 253,077	10.09%	\$ (112,705)	-30.81%	\$ 375,782	\$ 365,782	\$ (10,000)
Total Revenue	\$ 2,507,575	100.00%	\$ (41,045)	-1.61%	\$ 2,544,340	\$ 2,548,620	\$ 4,280
Expenditures							
Salary/Benefits/Travel	\$ 1,958,870	78.12%	\$ (11,689)	-0.59%	\$ 1,910,874	\$ 1,970,559	\$ 59,685
Contracted Services	\$ 79,798	3.18%	\$ (31,910)	-28.57%	\$ 141,708	\$ 111,708	\$ (30,000)
Other Expenses	\$ 468,907	18.70%	\$ 2,554	0.55%	\$ 491,758	\$ 466,353	\$ (25,405)
Total Expenditures	\$ 2,507,575	100.00%	\$ (41,045)	-1.61%	\$ 2,544,340	\$ 2,548,620	\$ 4,280
Administrative and Authority							
Revenue							
Allocated (Alloc)	\$ 3,375,530	51.38%	\$ 195,605	6.15%	\$ 3,102,474	\$ 3,179,925	\$ 77,451
Cost Reimbursement (CR)	\$ 1,206,540	18.36%	\$ 57,272	4.98%	\$ 1,105,222	\$ 1,149,268	\$ 44,046
Fee For Service (FFS)	\$ 1,352,135	20.58%	\$ (183,463)	-11.95%	\$ 1,529,462	\$ 1,535,598	\$ 6,136
FFS/Contract Max (FFS/CM)	\$ 105,358	1.60%	\$ (10,138)	-8.78%	\$ 125,944	\$ 115,496	\$ (10,448)
Waiver	\$ 220,604	3.36%	\$ 220,604	-	\$ -	\$ -	\$ -
Other	\$ 309,985	4.72%	\$ (948)	-0.30%	\$ 310,933	\$ 310,933	\$ -
Total Revenue	\$ 6,570,152	100.00%	\$ 278,932	4.43%	\$ 6,174,035	\$ 6,291,220	\$ 117,185
Expenditures							
Salary/Benefits/Travel	\$ 5,316,146	80.91%	\$ 273,097	5.42%	\$ 4,963,116	\$ 5,043,049	\$ 79,933
Contracted Services	\$ 32,596	0.50%	\$ (66,451)	-67.09%	\$ 61,914	\$ 99,047	\$ 37,133
Other Expenses	\$ 1,221,410	18.59%	\$ 72,286	6.29%	\$ 1,149,005	\$ 1,149,124	\$ 119
Total Expenditures	\$ 6,570,152	100.00%	\$ 278,932	4.43%	\$ 6,174,035	\$ 6,291,220	\$ 117,185
Fund Balance							
Revenue							
Cost Reimbursement (CR)	\$ 45,240	20.77%	\$ 15,488	52.06%	\$ 29,752	\$ 29,752	\$ -
Other	\$ 172,560	79.23%	\$ 21,578	14.29%	\$ 150,982	\$ 150,982	\$ -
Total Revenue	\$ 217,800	100.00%	\$ 37,066	20.51%	\$ 180,734	\$ 180,734	\$ -
Expenditures							
Salary/Benefits/Travel	\$ 16,000	7.35%	\$ -	0.00%	\$ 16,000	\$ 16,000	\$ -
Other Expenses	\$ 201,800	92.65%	\$ 37,066	22.50%	\$ 164,734	\$ 164,734	\$ -
Total Expenditures	\$ 217,800	100.00%	\$ 37,066	20.51%	\$ 180,734	\$ 180,734	\$ -
Reserve							
Revenue							
Allocated (Alloc)	\$ 701,839	100.00%	\$ 235,784	50.59%	\$ 491,540	\$ 466,055	\$ (25,485)
Total Revenue	\$ 701,839	100.00%	\$ 235,784	50.59%	\$ 491,540	\$ 466,055	\$ (25,485)
Expenditures							
Contracted Services	\$ 701,839	100.00%	\$ 235,784	50.59%	\$ 491,540	\$ 466,055	\$ (25,485)
Total Expenditures	\$ 701,839	100.00%	\$ 235,784	50.59%	\$ 491,540	\$ 466,055	\$ (25,485)
1115 Transformation Waiver							
Revenue							
Cost Reimbursement (CR)	\$ 900,000	5.95%	\$ 900,000	-	\$ -	\$ -	\$ -
Waiver	\$ 14,228,216	94.05%	\$ 14,228,216	-	\$ -	\$ -	\$ -
Total Revenue	\$ 15,128,216	100.00%	\$ 15,128,216	-	\$ -	\$ -	\$ -
Expenditures							
Salary/Benefits/Travel	\$ 9,158,372	60.54%	\$ 9,158,372	-	\$ -	\$ -	\$ -
Contracted Services	\$ 2,168,931	14.34%	\$ 2,168,931	-	\$ -	\$ -	\$ -
Other Expenses	\$ 3,800,913	25.12%	\$ 3,800,913	-	\$ -	\$ -	\$ -
Total Expenditures	\$ 15,128,216	100.00%	\$ 15,128,216	-	\$ -	\$ -	\$ -



## FY2014 BUDGET

### AUSTIN TRAVIS COUNTY INTEGRAL CARE FISCAL YEAR 2014 PROPOSED BUDGET

MAJOR BUDGET ISSUES	
<b>Fund Balance Designation</b>	
<b>Substance Abuse Programs with FFS Contract Not to Exceed Amounts:</b>	
<ul style="list-style-type: none"><li>- Included in FY2014 proposed budget is a request to approve fund balance designation to support Substance Abuse programs.</li><li>- These programs are funded with fee for service contracts that have a not to exceed amount.</li><li>- Programs will continue to maximize other revenue sources and will seek rate increases and request contract increases if funds become available during the year.</li></ul>	
<b>Programs Include:</b>	
Oaksprings Outpatient Program	\$54,950
DSHS Intensive Outpatient Program	\$93,734
Narcotic Treatment Program	\$68,356
CARE HIV Program	\$15,315
<b>Total Proposed Fund Balance to Support Substance Abuse Programs</b>	<b>\$232,355</b>
<b>Grant Unallowable Expense Types:</b>	
<ul style="list-style-type: none"><li>- FY2013 the board approved \$101,482 for unallowable type expenses. Included in the FY2014 proposed budget is an increase of \$25,978, a total request of \$127,460. The total proposed unallowable expense budget is \$172,560, less interest income budget of \$45,100, for a total fund balance request of \$127,460.</li></ul>	
<b>Unallowable Expense Budget:</b>	
Dues & Memberships	\$65,000
Community Awareness	\$33,032
Functions & Meetings (includes employee training day food \$20,000)	\$40,528
Employee Recognition and Retreats	\$12,000
Travel Above State Limit	\$16,000
Coffee/Water	\$5,000
Other Advertising	\$1,000
Less Interest Income Budget	( <b>\$45,100</b> )
<b>Total Proposed Fund Balance for Unallowable Type Expenses</b>	<b>\$127,460</b>
<b>Total Proposed Fund Balance Designation - Committed</b>	<b>\$359,815</b>
<b>Midelburg - Funds Recognized as Revenue in Prior Years - Fund Balance Designation - Restricted</b>	
<b>Total Fund Balance Designation</b>	
<b>Waiver Budgets</b>	
<ul style="list-style-type: none"><li>- Included in the FY2014 proposed budget is an added division for the Waiver programs.</li><li>- Mitigating the increase are one-time DADS funds of \$900,000 (Total \$1,000,000, \$100,000 10% included in Admin operations budget). These funds will serve to add crisis respite and expands the original pilot for post move supports from State Supported Living Centers for crisis prevention and intervention. Because DADS funds are one-time, the remaining waiver funds will have to fund continued program expansion.</li><li>- There are not any FFS revenues included in the proposed FY2014 budgets.</li><li>- The proposed budget is \$5,038,444 over the original DY3 project budget. Staff work will continue to realize the impact on the full DSRIp years' budgets.</li></ul>	
<b>The Waiver Budget Increases Include:</b>	
Increase in One-Time Expenses	\$110,487
Increased budget - accelerating time to start/hire (includes salary increases)	\$3,613,008
Added FTE (includes salary increases)	\$409,787
Contractual	\$1,499,866
Change in Other Operating Exp Budgets	\$597,939
In current admin operations budget	\$220,604
Program Indirect	( <b>\$324,332</b> )
Reduce DADS \$900,000 (\$100,000 in Admin)	( <b>\$900,000</b> )
3% Inflation Factor	( <b>\$188,915</b> )
<b>Total amount over DY3 Original Budget</b>	<b>\$5,038,444</b>
<b>When revenue recognized:</b>	
<ul style="list-style-type: none"><li>- Revenue will be recognized when CMS approves metrics or milestones within designated timeframes.</li></ul>	

<b>Salary Increases:</b>	
<b>Included in Proposed FY2014 Budget:</b>	
LPHA Class Compensation Adjustment (salary & fringe, 90.78 FTE)	\$783,819
Psychiatrist Class Compensation Adjustment (salary & fringe, 12.95 FTE)	\$479,977
4% within group/step table (maximum salary before 4% increase was \$56,151) & 2% > group/step table	\$865,985
<b>Total Salary Increases Included in FY2014 Proposed Budget</b>	<b>\$2,129,781</b>
<b>- The expense increase for the remaining class compensation review is not included in the proposed FY2014 budget.</b>	

<b>Fee For Service (FFS) Reduced Revenues:</b>	
<b>- The FY2013 budget used the new fee for service budget template and there were minimal adjustments to staff proposed daily average billable hours resulting in inflated FFS revenue budgets. The FY2014 FFS budgets were based on March-May, 2013 actual average billable hours, there may have been some minimal increases from program management to increase expected daily average billable hours.</b>	
<b>- The following are the net change for MH FFS budgets:</b>	
MH Rehab	(\$200,378)
MH CM	\$223,729
MH HMO	(\$550,334)
MH Medicare	(\$135,609)
MH Medicaid	(\$82,857)
<b>MH FFS Budget Change</b>	<b>(\$745,449)</b>
<b>- DD corrected FFS budgets based on actual FY2013 trend. The following are the net budget change:</b>	
DD 2013 Tx Hm Lvg	(\$403,642)
DD HCS	(\$129,758)
DD Case Management (HCS clients, served by private provider and ATCIC)	(\$166,165)
DD Case Management (Regular Medicaid clients)	\$78,263
<b>DD FFS Budget Change</b>	<b>(\$621,302)</b>
<b>- The following are the net FFS budget changes for ECI and Substance Abuse HMO contracts:</b>	
ECI	(\$148,662)
HMO Substance Abuse	\$35,704
<b>ECI &amp; Substance Abuse Budget Change</b>	<b>(\$112,958)</b>
<b>Total FFS Change</b>	<b>(\$1,479,709)</b>

<b>Reserve:</b>	
<b>Included in the proposed 2014 budget is a beginning reserve amount of \$701,839. The reserve is comprised of the following revenue sources:</b>	
DSHS Adult General Revenue	\$257,337
DSHS Child General Revenue	\$101,003
DADS General Revenue	\$209,369
Travis County Interlocal	\$134,130
<b>Total Reserve Budget</b>	<b>\$701,839</b>
<b>- The DSHS and DADS General Revenue can only be used under performance contract restrictions.</b>	
<b>- The FY2013 beginning reserve total was \$491,540. This budget was increased in month of September, 2013 by \$344,065 to include DSHS contract increases, and later in the year the DADS original contract reduction was reinstated and \$167,889 was added to reserve, for a total beginning reserve of \$1,003,494. During FY2013 \$537,439 was reduced from reserve and added to current operating budget. The FY2013 reserve at June 30, 2013 is \$466,055.</b>	

ITEMS NOT INCLUDED IN PROPOSED BUDGET
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<b>Expenses Not in Included in Proposed Budget</b>
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<b>Large One-Time Expenses:</b>
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I-35 Venture	\$700,000
Microsoft Enterprise Agreement	\$122,000
MIS Backup System Upgrades	\$45,000
MIS Firewall Upgrade	\$40,000
Citrix Server Farm	\$150,000
<b>Large One-Time Expenses - Sub-Total</b>	<b>\$1,057,000</b>

<b>Other Operational Expenses Not In Budget:</b>
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Controlled Substance Testing - Proposal to change Center policy and drug test all new hires	\$13,897
Staff Development - Keynote Speaker and 2 breakout speakers for Employee Training Day	\$7,000
Storage - Scanning of current employee files, scanning of terminated files from 2012-2013	\$27,409
Architect Engineer Fees - design fees for Collier building expansion	\$60,000
Website Fees - 2014 Website Development & Spanish Website Design	\$51,000
Diversity Conference, Mental Health First Aid Training, South Texas Conference & Hispanic Marketing Symposium and Printing Duplicating - Program site signage project	\$13,900
Other Advertising - Spanish station media for Dove Springs and UT Suicide Prevention project in the Spring \$35,000, \$17,500 budgeted in Waiver Program Indirect Unit	\$17,500
Potential Consultant Contracts, examples: Payroll Compensation Policy Change; Mayor Mental Health Task Force on Aging	TBD
<b>Other Operational Expenses Not In Budget - Sub-Total</b>	<b>\$190,706</b>
<b>Total Expenses Not in Budget</b>	<b>\$1,247,706</b>

<b>Completion of the Class Compensation Review:</b>
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- The expense increase for the remaining class compensation review is not included in the proposed FY2014 budget.

<b>DSHS / DADS Contracts</b>
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- Contracts may not be finalized until after the beginning of the new fiscal year.
- There may be potential additional DSHS funding, projects that may require bid application. The FY2014 proposed budget includes an increase of \$1,717,520 (based on draft allocation schedule).
- The DADS proposed FY2014 budget increase is the \$1,000,000 as stated above in the waiver section of this document.

<b>Community Benefit</b>
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- There are no Community Benefit dollars in the FY2014 proposed budget.

<b>DD Group Home</b>
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- There are currently 3, 4-bed occupancy group homes with 3 vacancies. One client is moving into one of the vacancies Monday, August 5th. In addition, 2 more clients will have trial stays in the other 2 vacancies. If these vacancies are not filled staff may propose transferring a group home in DD and opening a home for MH Co-op residence.



## FY 2014 BUDGET PLAN CENTER FACILITIES

Center operations are conducted at 45 sites in a diverse real estate portfolio spread throughout the Austin, Travis County area. All facilities are conveniently located with easy access to major traffic arteries. Housing facilities and Developmental Disabilities group homes are located with easy access to bus routes, grocery stores, and neighborhood parks.

<u>Owned Properties</u>	<u>Number of Sites</u>	<u>Square Footage</u>	<u>Replacement Cost</u>
Commercial*	11	120,306	\$14,846,113
DD group homes	4	8,094	\$ 751,226
Residential	<u>8</u>	<u>33,204</u>	<u>\$ 2,973,965</u>
<b>Subtotal</b>	<b>23</b>	<b>161,604</b>	<b>\$18,571,304</b>

Replacement cost was determined by Texas Council Risk Management Fund (TCRMF) upon individual inspection of each property. Values were updated by TCRMF this year. Values for the New Milestones properties have not been updated. Replacement cost is not an indicator of market value.

\* Two of these facilities are combination office/residential.

### Leased Properties

Commercial	10	76,758
Residential	2	8,684
Storage Units	2	<u>550</u>
<b>Subtotal</b>	<b>14</b>	<b>85,992</b>

<b>NMF Properties</b>	<b>8</b>	<b><u>55,948</u></b>	<b><u>\$ 7,977,600</u></b>
*NMF VI is two properties			

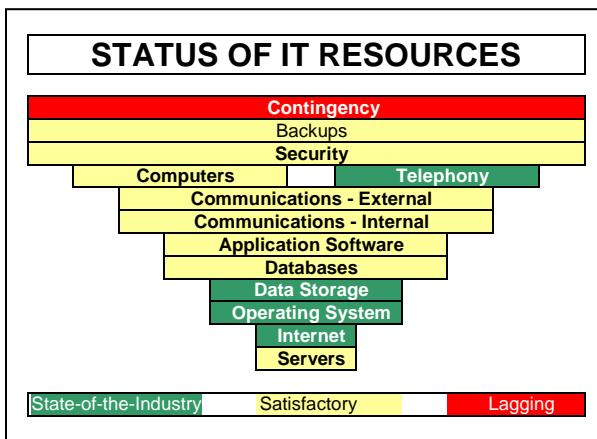
<b>Grand Total</b>	<b><u>45</u></b>	<b><u>303,544</u></b>	<b><u>\$26,548,904</u></b>
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## MIS RESOURCES

### SUMMARY AS OF JULY 2013

**MIS RESOURCE STATUS.** The status of ATCIC Information Technology (IT) resources is shown below.



This diagram represents the elements of our information network. Critical elements start at the bottom and provide the building blocks for all other elements above. Blocks nearer the bottom must at least be satisfactory and should be state-of-the-industry whenever possible. For example: If our servers are inadequate, all elements above will not perform adequately regardless of the investment in those elements. Conversely if one or a small group of computers is below minimum, no elements below the computers are affected.

#### MAJOR CHANGES - FY2013:

**RESOURCE RATING UPGRADED:** None.

#### RESOURCES DOWNGRADED:

Although the following resources have been downgraded, they are still functioning satisfactorily. However, almost all of our communications components – switches, routers, and firewall – are at or reaching end-of-life for upgrades and support. The same is true with components of our backup system. Additionally, increasing data demands are making it more difficult to complete all backups in our nightly “downtime” backup window.

- Backups.
- Communications – External.
- Communications – Internal.

#### OTHER SIGNIFICANT CHANGES:

- **Microsoft Enterprise Agreement.** FY2013 was a year of very major changes to our staff desktop and notebook computers. By the end of FY2013 our

computers will all be functioning at a current standard of software never before experienced. The following table shows the status of some of the more significant features:

Enterprise Agreement Feature	Summary of Results
Windows 7	Updated operating system for 85% of all 700 computers.
Microsoft Office	Installed Office 2010 or better for 89% of all computers.
Hard Drive Encryption	Installed BitLocker for 90% of all computers, notebook and desktop.
Virus Protection	Installed Endpoint for 90% of all computers.
Outlook E-mail	Converted for 100% of all users.
Office 365	Converted for 100% of all users.
Lync	Made available Instant Messaging and voice/video IP calling for all users as desired.
Integrated Voice Mail	Made available for 100% of all users as desired.
Home Use Program	Made available for 100% of all users as desired (8% participation).
E-Learning	Made available for 100% of all users as desired (4% participation).
SCCM	Installed System Center Configuration Manager (SCCM) to replace multiple previous tools used for network management.

The effort by MIS staff included over 2,750 man-hours for the original implementation of Windows 7, Office 2010, and conversion to Microsoft Outlook e-mail. The hours invested in the Enterprise Agreement will continue to grow as we introduce new features for our staff.

Outlook is being hosted by Microsoft using their Office 365 “cloud” service. As such, there are still features that we have not implemented, some of the largest of which are Office in the “cloud”, SharePoint, full implementation of Lync, SkyDrive, and replacing our Cisco Unity voice mail with full Office 365 integration.

- **Digital Signage (Video over LAN).** All equipment in the original purchase was installed and a contract for video services completed with Industry Weapon, an Internet provider of tools for content development and publishing. Digital signage was been turned over to Bill Wilson,



Director of Health Promotion and Wellness, and his staff for continuing implementation and publications.

- **MIP Fund Accounting Upgrade.** In 2010, the vendor for our internal accounting system, MIP, announced a significant upgrade to their software. That upgrade was installed and tested under the direction of Greg Grace, Accounting Services Director. The server hardware and operating system for MIP were also upgraded when the new MIP software release was installed in production.
- **Verizon Air Cards (Cellular Internet Service).** During the past years, we converted a large majority of our air cards to Verizon's Mi-Fi "hot spot" technology. At no additional cost, we were able to replace those cards with the Mi-Fi device that will not only support multiple connections but has much improved software for better service with less interruptions.
- **Anasazi Software's AZ Central.** As usual AZ Central received many updates including the first two major releases of Assessment/Treatment Planning Version 3 and promotions 190-204. MIS staff and users of the software were very busy staying current with the many changes. MIS developed new manuals for Version 3 and conducted training classes for each of the major releases.

In FY2013 Anasazi Software was purchased by Cerner Corporation, a large firm based in Missouri, whose published mission is to contribute to the systemic improvement of health care delivery and the health of communities. During FY2014 MIS and all of ATCIC will work to understand and develop new working relationships with Cerner.

As a minor enhancement to AZ Central, MIS piloted the replacement of the backup media hardware for our Disaster Recovery Services with Anasazi Software, resulting in a much better backup process.

- **Paging System.** After working with several different ATCIC units, the Syn-Apps paging system was purchased and implemented. Syn-Apps is fully integrated with our Cisco VoIP phone system, using both current telephones and ceiling-mounted speakers for paging services.
- **PhoneTree.** ATCIC has long used PhoneTree, an automated dialing system for appointment reminders. That system was upgraded to their newest hardware and software this year. Currently

old features were simply converted to the new software and hardware. However, in the future it will be possible to use both e-mail and text messaging reminders in addition to phone calls if desired.

- **Telecommunications Upgrade at ANEW.** The telecommunications infrastructure serving our staff at ANEW was upgraded to GigaMAN services (1Gb line speed) to match all of our other major staff locations.

### **PLANNED FOR THE FUTURE:**

- **Co-Location Research.** Early in FY2013 MIS working with Charles Harrison, CFO/COO, researched the option to move our data center operations to a co-located data center with full power, HVAC, and telecommunications backup. That appears to be a very solid option in terms of both costs and business continuity. It will be included in FY2014 proposed projects.
- **Dove Springs.** MIS has spent and will continue to spend large amounts of time in the design and equipping of the new Dove Springs clinic. Dove Springs will be equipped with all of our latest technology, most current equipment, and premier telecommunications equipment and GigaMAN circuits. During the planning phase this Spring, MIS created a "mock" consultation room and equipped that room with various technologies so that clinical planners could get a good feel for the capabilities (and sometimes limitations) of our electronic medical record system.
- **Office 365.** As mentioned above, expanding on the features and services that are a part of our Enterprise Agreement will continue to be a large part of MIS plans for FY2014. At the top of the list will be the products already owned and available from Office 365, the Microsoft "cloud" services now used for e-mail and Lync.
- **Telemedicine.** In June ATCIC began its first production use of telemedicine for doctors' services. In this telemedicine model, ATCIC is a "buyer" of these services. The vendor, fasPsych LLC Telepsychiatry Services, is responsible for the operating hardware and software. MIS at ATCIC is responsible for network communications and staff training in use of the electronic medical record software. This service has been implemented at three clinics and will be implemented at Dove Springs. In the future ATCIC intends to become



more involved with telemedicine and possibly become a “seller” of these services.

- **Staff Replacement**. During FY2013 (and in the two previous years) MIS lost significant experienced long-term staff. FY2014 will bring challenges in developing new expertise, new solutions to staffing requirements, and increasing staff levels to support not only our current users but additions for Dove Springs and other 1115 projects.
- **I35 Enterprise**. Development of the I35 Enterprise continues with significant involvement from MIS. During FY2013 the Enterprise moved forward with business plans and received approval to begin staffing. Information Technology staffing projections were based on a study of needs developed by the three organizations’ Information Technology directors. It is anticipated that the Enterprise will offer redundancy for critical jobs, career development paths not currently available in single local authorities, improved service continuity, and development of economical and income-producing services that will meet the needs of the three founding organizations and other community centers within Texas.



## FY 2014 Annual Budget and Strategic Plan Forum

Integral Care hosted a quarterly community forum on the future of its planning and budget efforts in March 2013. More than 70 participants including employees, stakeholders, community members and providers gathered to participate in meaningful dialogue on the challenges and opportunities ahead for Integral Care.

David Evans, Austin Travis County Integral Care chief executive officer, and Dr. Matt Snapp, Integral Care board chair, began the forum with a brief welcome.

Charles Harrison, chief operations/chief finance officer, highlighted Integral Care's board-approved guiding principles, budget challenges and opportunities with the **Affordable Care Act (ACA), 1115 Medicaid Transformation Waiver, Mental Health Parity and the 83rd Legislative Session.**

### Budget Challenges for 2014 include:

- Actions taken by the 83<sup>rd</sup> Legislative Session may not be known at the time of budget development;
- Integrating nine 1115 Medicaid Transformation Waiver projects into current operations;
- Establishing Community Benefit programs;
- Meeting ACA's timeline and requirements;
- Increasing employee health benefit premiums based on current utilization patterns;
- Rightsizing employee compensation packages to retain existing and recruit new employees;
- Managing State Hospital Allocation of bed days to new methodology and managing forensic population growth;
- Assessing potential impact of extending rehabilitation and case management to private providers; and
- Examining current clinical operation to add a physical health presence in our existing clinics.

Mr. Harrison then led a question and answer period with the audience.



**Comment: I would like to see a more robust role and a broader scope of practice developed for professional nurses for behavioral health.**

**Comment: More funds are needed for peer support services.**

**Comment: Further eliminate the stigma of mental health and augment service array with additional integrated health programs.**

**Comment: Transportation is a barrier. Providers don't feel safe to send someone in a mental crisis on a bus or taxi. A part-time driver would be helpful to take people to other services.**

**Question: Please explain the methodology for the number of days people are in Austin State Hospital for treatment?**

Louise Lynch, provider network and provider officer: The average length of stay is approximately seven days at Austin State Hospital. We are working to create other alternatives for treatment in our community.

**Question: It is already a challenge for families to get their relative to attend the initial appointment, then there is significant lag in time between the evaluation and receiving services. How can we close the gap?**

Andres Guariguata, director of practice management: We are working on increasing access and expanding the number of providers. If we don't have a physical person, we can help the person in a timelier manner through the telemedicine project.

Dawn Handley, chief programs operations officer: There is also a shortage of psychiatrists, which is a long-term goal to achieve with the new medical school.

**Question: What are the timelines for 1115 Waiver projects?**

Guariguata: Specific timelines and metrics are required for all 1115 Waiver projects. Projects submitted by Integral Care can be found at IntegralCare.org.

**Question: Is there a process of collaboration with funding streams for forensic grant money and the Medicaid waiver?**

Handley: We cannot co-mingle funds, but we are working with various community planning organizations to build on services, but not duplicate the system of care and treatment efforts.



**Question: Will there be a program available to those experiencing homelessness and their children who are autistic?**

Maya Vega, IDD director: Yes, we are expanding on all intellectual and developmental disabilities populations and providing 24\7 access designed with a wrap-around approach, which will include help with housing.



## PNAC Budget Forum Comments

Charles Harrison, chief operations/chief finance officer, discussed budget challenges and opportunities with regard to the Affordable Care Act, 1115 Medicaid Transformation Waiver and the 83rd Legislative Session. Below are the comments from participants:

- Ensure that bus lines are identified at Dove Springs
- Ensure that the Mobile Crisis Outreach Team can listen to 911 calls
- Establish Crisis Intervention Teams for those with SMI/IDD diagnosis and for children
- Develop outreach to strengthen ties to elementary schools
- Examine pay structure for peer support specialists
- Examine service levels for minorities as related to local demographics

## Employee Budget Forum Feedback Analysis

Austin Travis County Integral Care held four employee budget forums at various locations in April, with more than 50 people attending each. Employees received an overview of the 1115 Medicaid Transformation Waiver, the Affordable Care Act, budget appropriations and legislative agendas both in Texas and nationally. Feedback and suggestions for improvement were gathered and the recommendations will be reviewed by Integral Care's Board of Trustees and Executive Management Team during the development of the FY 2014 Budget. A summary of the feedback gathered at these forums is outlined below..

Integral Care employees are encouraged to send their comments and questions through the Employee Suggestion Box at: <http://www.integralcare.org/?nd=esbox>

### COST SAVINGS

#### *Service Delivery*

- Increase focus on Substance use services (2)
- Receive a report of where children in care attend school
- Expand veterans' services through Tricare panels
- Consider having employees work remotely

#### *Administration*

- Get employee feedback on technology before implementation, cut costs of computer purchases by purchasing from other vendors, regionalize administration and purchase functions(5)
- Increase efforts to go green (2)
- Sub-contract food services at residential units (but not at IDD homes)



## REVENUE ENHANCEMENTS

### *Administrative Process*

- Designate provider role in progress notes to save time planning next encounters
- Enhance billing for nursing services by removing prescriber consult to medical team
- Ensure that technology supports necessary programs securely (4)
- Increase IT support (2)
- Decrease caseloads

### *Communications & Outreach*

- Develop new ways to communicate about our services and employees
- Work as a health navigator
- Develop more community presence through 5Ks or other events through sponsorship, etc.

### *Services & Facilities*

- Ensure group homes have space they need (4)
- Improve facilities and make more welcoming (3)
- Need more company vehicles and/or more reimbursement for using personal vehicles (3)

## WORKFORCE IMPROVEMENTS

### *Performance & Training*

- Consider a training institute for employees (2)
- Need for more internal communication
- Consider a real time employee suggestion box
- Streamlining licensure process for employees

### *Recruitment & Retention*

- Recruit and retain employees by providing pay increases for peer providers,
- Implement career ladder for positions
- Protect benefit packages
- Improve salaries to reflect cost of living

### *Employee Benefits*

- Increase health initiatives such as add nutritionist/cafeteria for health and wellness – increase incentives/penalties related to healthy living and provide opportunities for recreation
- Consider working from home benefits as appropriate



**LINKAGES BETWEEN THE CITY OF AUSTIN,  
TRAVIS COUNTY, CENTRAL HEALTH  
and  
AUSTIN TRAVIS COUNTY INTEGRAL CARE**

Collaborations with the City of Austin, Travis County, Central Health and other entities remain productive and dynamic to address the health and well-being of citizens to transition out of poverty. Integral Care establishes and maintains collaborations with other entities as appropriate to, among other things, minimize overhead and administrative costs and achieve purchasing and other administrative efficiencies including, but not limited to providing MSO functions for Central Health inpatient bed days. The information below provides an overview of direct key linkages between the City of Austin, Integral Care and Central Health:

1. **Mental Health Safety Net-** Integral Care provides around-the-clock emergency psychiatric intervention to people in crisis and serves as the link for these services to the City of Austin Office of Emergency Management.
2. **Maintenance of Infrastructure-** Integral Care worked collaboratively with the City of Austin in a formal collaboration through the *Main Interlocal Agreement* since 1996, currently requiring maintenance of infrastructure, including extensive community wide planning, resource development, management and allocation; prevention, education and awareness efforts; and broad based efforts to engage consumers and families in meaningful roles at ATCIC.
3. **Suicide Data-Sharing Project-** Integral Care works with the City of Austin to share local data on deaths by suicide through an agreement that enables epidemiological surveillance and targeted prevention and postvention activities in a timely manner.
4. **Substance Abuse Management Organization (SAMSO)-** Since 1999, Integral Care has participated successfully in a resource management *Interlocal* to provide network management services for local substance abuse treatment providers. Network management services include development of a provider network, credentialing and contracting, utilization and quality management, claims payment and provider relations. This Interlocal continues as a joint agreement between the Integral Care and Travis County. The City continues in this joint agreement by providing funding for individuals referred by the Downtown Community Court. Integral Care meets quarterly with providers to discuss positives and areas for quality improvement within the network regarding both the MSO and the provider network.



5. **Administrative Interlocal Agreement-** Integral Care provides network management services for at-risk youth and their families as the “Broker” for the Youth and Family Assessment Center through an administrative service *Interlocal* with the City of Austin and Travis County.
6. **Integrated Healthcare-** Integral Care oversees the provision of mental health services for individuals presenting with primary care issues masking as depression and other behavioral health problems in the health clinics by training psychiatrists and consulting clients to increase the diagnostic and clinical management skills of primary care medical employees.
7. **Housing-** Integral Care continues a highly productive collaboration with the Housing Authority of the City of Austin in numerous housing subsidy grants, including renewal of on-going Shelter Plus Care grants.
8. **Community, Media and Governmental Relations-** Integral Care’s Chief Strategy Officer collaborates with the City of Austin, Travis County and Central Health on outreach, events, media and governmental relations.
9. **Quality Management-** Integral Care works closely with employees at the City of Austin to ensure effectiveness and satisfaction with outputs and outcomes in several *Interlocal Cooperation Agreements*. Areas of emphasis, continue to be integration of mental health services and primary care in community health clinics; systems care coordination, including the evaluation function, strengthening crisis services, work with community providers and partners on addressing gaps and needs identified and other mutually agreed upon areas of work.
10. **HIV Planning Council-** Integral Care employees of the Behavioral Health Division serve on the HIV Planning Council and make recommendations regarding HIV funding and priority issues.
11. **Pandemic Flu Planning-** Integral Care collaborates with the City’s Human Services Coordinating Committee in developing and maintaining a Pandemic Flu Plan, a local and regional pandemic flu Plan for Central Texas. ATCIC has further developed the mental health component of the City’s Medical Special Needs Shelter Plan, the General Population Shelter Plan, and the Strategic National Stockpile Plan. ATCIC also continues to collaborate on the City’s planning for vulnerable populations in the wake of disaster.



**Regional Health Partnership-** Integral Care is a part of this community's Texas Regional Health Partnership and was involved in development of the Region 7 Regional Health Partnership Plan. Region 7 is one of the many regions in Texas expected to receive funding through the Healthcare Transformation and Quality Improvement Program 1115 waiver. The waiver purpose is to transform the healthcare delivery system for low income residents of this county and Increase access to quality behavioral health services as a recognized means to improve both individual and system level outcomes.

**Community Care Collaborative (CCC)-** Integral Care joined Central Health and Seton Healthcare Family as a partner in Community Care Collaborative (CCC), Travis County's new integrated delivery system. The CCC is a multi-institutional, multi-provider system of healthcare envisioned to provide a coordinated continuum of services to low-income uninsured residents.

Through the CCC, healthcare providers will provide patient centered care through a "no wrong door" approach. Wherever a current or eligible patient presents for care, be it the emergency room, community clinic or elsewhere, the system will provide care and navigation services to ensure that individuals receive appropriate levels of services and are connected to a medical home.

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## ATCIC Current Planning Efforts and Community Collaborations

Austin Travis County Integral Care (Integral Care) continues its authority functions as outlined in the *Interlocal Cooperation Agreement* with the City of Austin and as a member of the Community Action Network (C.A.N.).

Integral Care staff continues its C.A.N. monthly participation with the Chief Executive Officer serving on the Board of Directors and key staff participating in the Issue Area Group Leaders' Meetings, the Community Dashboard Steering Committee, and the Mappers and Planners Implementation Team. Staff maintained active roles on the Behavioral Health Planning Partnership (BHPP), the Child and Youth Mental Health Planning Partnership (CYMHPP), and the Intellectual and Developmental Disabilities Coalition (IDDC)..

Integral Care is implementing two major planning projects that will substantially impact organizational planning in the coming years:

1. The FY 2014-2019 Strategic Plan;
2. The FY 2013-2014 Consolidated Local Service and Network Development Plan Update which contains its Local Provider Network Development Plan, the Crisis Services Plan, the Jail Diversion Action Plan, and the Local Plan Updates.

Integral Care staff continues involvement in ongoing community planning identifying gaps and needs in Behavioral Health and Intellectual and Developmental Disabilities, and linking them to outcomes and indicators. The organization works to ensure that its efforts enhance and improve the work done by other organizations and committees. Integral Care sustains its history of maintaining working relationships and engaging in meaningful dialogue with advocates, consumers, stakeholders, community partners, and policy makers and.

Staff also provides leadership to the *Indicator Improvement Initiative (III)*, which is the project resulting from the five-year work of the Mayor's Mental Health Task Force Monitoring Committee and the two-year work of the Mental Health Task Force. After an April 2013 transition, the *III*, functions under the Health Promotion and Wellness Department of Integral Care ([www.integralcare.org](http://www.integralcare.org))).

Integral Care has long-term working relationships with more than 40 local organizations and committees. Below is a listing of additional community planning activities and collaborations that address the health and well-being of Austin.



### **Central Health (formerly Travis County Healthcare District)**

Central Health was created in May 2004 as a separate political subdivision of the State of Texas, not a part of Travis County Government. Central Health provides continuous support to Integral Care through funding and the appointment of three members of Integral Care's nine-member Board of Trustees. The organization works to develop and maintain a network of health care services by identifying, prioritizing and meeting the needs of eligible residents in the community and by contracting with a variety of providers.

### **Children's Partnership**

The Children's Partnership is part of a national and statewide movement to enhance the children's mental health care system. The Children's Partnership (TCP) utilizing the wraparound process, provides services and supports to children and youth with complex mental health needs and their families. The Partnership works collaboratively with multi systems to prevent duplication of services and to use community resources wisely. The Children's Partnership unites and coordinates resources to maintain a System of Care in Travis County.

### **Community Action Network (CAN)**

CAN is comprised of 24 community partners, 12 issue area groups and several members-at-large. It serves as a neutral convener, information provider and connector that helps the Travis County community optimize its resources to close the opportunity gap. Participation in Issue Area Group (IGA) activities by Integral Care staff includes, The Behavioral Health Planning Partnership, Child and Youth Mental Health Planning Partnership, Intellectual and Developmental Disabilities Coalition, Ending Community Homelessness Coalition, Ready By 21 Coalition, and Reentry Roundtable.

### **CommUnityCare**

CommUnityCare is a not-for-profit corporation providing primary care health services to the medically underserved, through its Federally Qualified Health Centers. CommUnityCare operates 18 health center locations in Travis County offering comprehensive primary care services for the entire family, including: family medicine, internal medicine, pediatrics, women's health services, behavioral health services and dental care. Integrated behavioral health services are a collaborative effort between Integral Care and CommUnityCare to provide primary medical care to consumers at Integral Care facilities and behavioral health care services to patients at CommUnityCare clinics. The goal of these services is to assist consumers in achieving both improved physical health and behavioral health care functioning by concurrently addressing their expressed needs.



### **Early Childhood Intervention Collaboration**

Ongoing collaboration and planning for the child-find activities among the Early Childhood Intervention (ECI) programs of Integral Care, Any Baby Can and Easter Seals of Central Texas continues.

### **Ending Community Homelessness (ECHO)**

Integral Care collaborates with this coalition, which acts to accomplish the Annual U.S. Department of Housing and Urban Development (HUD) Super Notice of Funding Availability (NOFA) and coordinates local homeless services.

### **HIV and AIDS Planning**

Integral Care employees continue participation in the HIV Planning Council and in the Return to Care Collaborative which works to link individuals who have fallen out of services (primarily to the Community AIDS Resources and Education, CARE, program and primary care provider).

### **The Hogg Foundation for Mental Health**

The Hogg Foundation is part of the Division of Diversity and Community Engagement at The University of Texas at Austin, promoting improved mental health for the people of Texas through the support of effective mental health services, research, policies and education. The Hogg Foundation works in partnership with communities, service providers, advocates, policy-makers, researchers and educators through grantmaking for mental health service, research, public education and policy projects in Texas.

### **Integrated Care Collaboration (ICC)**

ICC was organized in 1997 by the health care safety net providers in Travis County to address access, financing issues and obstacles to care for low-income and uninsured residents of Central Texas. The ICC develops joint projects among members to increase access, improve quality and lower the costs of providing care to the region's unfunded population.

### **Intellectual and Developmental Disability Collaborations**

Integral Care is a member and active participant of Texas Health and Human Services Commission's Consumer-Directed Supports Workgroup. Partnership continues with Austin Area Aging Agency to provide specialized training to care givers of aging population of the Intellectual & Developmental Disabilities Services Network. Integral Care also collaborates with AISD and The Arc of the Capital Area to provide training and support to families through the Family Support Cooperatives in Austin.



**Psychiatric Services Stakeholder Committee** (ad hoc group convened by Central Health in 2006)

This Committee was brought together to develop short and long-term strategies for crisis mental health in Austin and Travis County. The Committee built on the existing work of the community, (including recommendations of the Mayor's Mental Health Task Force and the Jail Diversion Committee) to develop a plan to strengthen local mental health crisis services. These meetings have resulted in the community beginning to use available resources in a coordinated plan for priority services.

**St. David's HealthCare**

St. David's HealthCare is one of the leading hospitals in Central Texas, with seven branches of operation around Travis County. Its financial support through its Foundation allows for initiatives to take place throughout Travis County.

**Texas Council of Community Centers, Inc.**

The Texas Council of Community Centers, Inc. is an organization through which Community Centers can work together as a public system serving Texans with behavioral health and intellectual and developmental disabilities.

**Jail Diversion Community Collaboration**

Preventing individuals with behavioral health (including substance use) and/or intellectual or developmental disorders (IDD) from entering the criminal justice system requires a collaborative effort and continuum of strategies between behavioral health and the criminal justice system. Jail diversion is a highly complex and interwoven process that requires different approaches to address the specific issues that arise at that point of interface. Integral Care has submitted Jail Diversion and Crisis Services Plans to Texas Department of State Health Services (DSHS) which identify these measures, and which are included as attachments to the Integral Care Consolidated Local Service Plan ([www.integralcare.org](http://www.integralcare.org))

1. Austin Travis County Mental Health Jail Diversion Committee- A committee of over 25 separate agencies representing behavioral health and criminal justice systems. The purpose of the Committee is to address the jail diversion gaps within the Austin/Travis County community and make recommendations to City of Austin and Travis County elected officials on jail diversion funding priorities.



2. Reentry Roundtable- A committee working to implement collaborative community-wide strategies for the effective reintegration of formerly incarcerated persons, thereby reducing recidivism, supporting victims and promoting public safety in Austin and Travis County.
3. The Community Competency Restoration Program (CCRP), in its third year of operation, continues as a community-based program that diverts individuals found incompetent to stand trial from the jail. Funding is through a DSHS grant and the program served 40 individuals during the calendar year. CCRP is designed to help individuals reach competency within a 90-day period.
4. There is continued collaboration with Travis County Juvenile Court to screen family members (for substance and alcohol abuse) of juveniles going through the Juvenile Court system.

These varied collaborative efforts help ensure that the diverse needs of consumers are considered in the planning efforts of other organizations; such efforts frequently lead to the development of new resources.

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